

FOR HONOR FLIGHT USE ONLY:

LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Volunteer Application

Honor Flight Southland would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to airport assistance that aids the veterans at the beginning and at the end of each trip. Please consider the wide range of opportunities: every little bit helps. For further information, please contact us at 949.310.6143 or [www.honorflightsouthland.org](http://www.honorflightsouthland.org). Thank you for your support.

**YOUR NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **ARE YOU A VETERAN?** \_\_\_\_ YES \_\_\_\_ NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: \_\_\_\_\_

1. How did you learn about the Honor Flight organization? \_\_\_\_\_
2. Why are you volunteering for Honor Flight? \_\_\_\_\_
3. Please list any prior volunteer experience: \_\_\_\_\_
4. There are several volunteer opportunities. Please check all areas of interest to you"

**ADMINISTRATIVE SUPPORT**

\_\_\_\_Administrative Assistance (From Home)

**OUTREACH**

\_\_\_\_Informational Booths

\_\_\_\_Speaker's Bureau

**SPECIAL EVENTS**

\_\_\_\_Event Planning \_\_\_\_ Fundraisers

**TRIP SUPPORT**

\_\_\_\_Contact Veterans

\_\_\_\_Ground Transportation in Departure City

\_\_\_\_Airport Check-In Assistance

\_\_\_\_Guardian (Separate application is required)

**AIRPORT GREETERS**

\_\_\_\_Send Off \_\_\_\_ Welcome Home

**OTHER:** \_\_\_\_\_

5. Please list the best times for you to volunteer: Sunday Monday Tuesday Wednesday Thursday Friday Saturday  
Morning \_\_\_\_\_  
Afternoon \_\_\_\_\_  
Evening \_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

6. Please list two (2) personal references:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

7. Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Southland (HFS) and the Honor Flight Network (HFN)** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **HFS and the HFN** program. I hereby release the photographer and **HFS and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFS and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFS and the HFN** promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran and I understand that neither **HFS and the HFN** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **HFS and the HFN** activities and will not hold **HFS and the HFN**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **HFS and the HFN** responsible for any injuries incurred by me while participating in the **HFS and the HFN** program.

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Email applicants will be required to sign prior to actual trip date) D M Y

- If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN D M Y

Please submit this form to: **Honor Flight Southland**  
**Attn: Volunteer Application** or **Sign, scan and email to:**  
**26 Club Vista** **honorflightsouthland@yahoo.com**  
**Dove Canyon, CA 92679**