

FOR HONOR FLIGHT USE ONLY: LAST NAME.: _____ DATE RECEIVED: ____/____/____

Volunteer Application



Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to Bus assistance that aids the veterans both 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 **Central PA Honor Flight** at 717-259-3313 or visit us on the web at <https://centralpahonorflight.org>

Thank You for your support.

NAME _____
DATE: ____/____/____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: Day _____ Evening _____ Mobile _____
E-MAIL: _____ AGE: _____ DOB: _____
OCCUPATION: _____ ARE YOU A VETERAN? ____ Yes ____ No
If a veteran, please indicate BRANCH of service, WHEN and WHERE did you serve.: _____

1. Why are you volunteering for Honor Flight? _____
2. Please list any prior volunteer experience. _____
3. There are several volunteer opportunities. Please indicate all areas of interest to you.

ADMINISTRATIVE SUPPORT

___ Administrative Assistance – From Home

OUTREACH

___ Informational Booths

___ Speak at community events

SPECIAL EVENTS

___ Event Planning

___ Fundraisers

TRIP SUPPORT

___ Contact Veterans

___ Ground Transportation in Departure City

YOU MUST ADD the following to your PHONE:

Central PA Honor Flight

Phones 717-259-3313, 703-628-2999, 703-818-7619

founder@centralpahonorflight.org

Did you add the contact info above? _____

PLEASE COMPLETE PAGE 2

5. Please list the best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

7. Emergency contact information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day _____ Evening _____

Relationship to applicant _____

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** 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 ***Honor Flight*** program. I hereby release the photographer and ***Honor Flight*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight*** promotional material and publications, and waive any rights of compensation or ownership thereto.

2) I further state that medical insurance is the responsibility of the volunteer and I understand that neither Honor Flight nor the provider of private charter bus(es) ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED *: _____ DATE: ____/____/____

(E-mail applicants must sign prior to providing volunteer services)

* If under 18, parent/guardian: _____ DATE: ____/____/____

Please submit this form to: Central PA Honor Flight

Central PA Honor Flight
ATTN: Guardian Application
P.O. Box 10
Quincy, PA 17247
email: CPA.honorflight@proton.me