

FOR HONOR FLIGHT USE ONLY (Last Name): _____ Date Received: _____



Honor Flight of Dallas Volunteer Application

Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities to participate; every little bit is needed and it helps. For more information about the **Honor Flight** Volunteer opportunities, please visit our website: www.honorflightofdallas.org

This application is only for people in the greater Dallas/Fort Worth, TX metro area. If live in another part of the US and are interested in volunteer opportunities, please visit www.honorflight.org to find a flight in your area.

INFORMATION ABOUT YOU

Your Name: _____ Nickname: _____
(Please provide first, middle and last name) (if applicable)

Address: _____

City: _____ County: _____ Texas ZIP: _____

Day phone: () _____ Evening phone: () _____ Cell: () _____

E-mail: _____ Age: _____

Occupation: _____ Are you a veteran? Yes No

If you are a veteran, please indicated BRANCH of service, and WHEN and WHERE you served:

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list/describe any prior volunteer experiences: _____

There are several volunteer opportunities. Please indicate all areas of interest.

Administrative Support

_____ Administrative/computer assistance from home

Outreach

_____ Informational booths at various events

_____ Speaker's bureaus

Special Events

_____ **Event planning and management**

_____ **Fundraisers**

Trip Support

_____ **Contact Veterans and insure required paperwork is complete and in order**

_____ **Ground transportation in Departure City (Dallas/Ft Worth and it's many suburbs)**

_____ **Airport and security check-in assistance**

_____ **Guardian (Completed separate application required - available on www.honorflightofdallas.org)**

Please list the best times for you to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Please provide two (2) personal references:

1 Name: _____ **Relationship to you:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Day phone: () _____ **Evening phone:** () _____

E-mail: _____ **Cell:** () _____

2 Name: _____ **Relationship to you:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Day phone: () _____ **Evening phone:** () _____

E-mail: _____ **Cell:** () _____

Emergency contact information:

Name: _____ **Relationship to you:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Day phone: () _____ **Evening phone:** () _____

E-mail: _____ **Cell:** () _____

Please Review Carefully and Sign Below

The undersigned acknowledges and agrees that:

- Since photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, your 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 or compensation to ownership thereof.
- I further state that medical insurance is the responsibility of the Guardian and I understand that **Honor Flight does not** provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold **Honor Flight** or the volunteer Guardians responsible for any injuries incurred by me while participating in the **Honor Flight** program.

Signed:** _____

Date: _____

Print name: _____

**** If the volunteer is under 18 years of age, a parent/guardian must also sign and date below.**

Parent/Guardian Signature: _____

Date: _____

**Please submit this by mail: Honor Flight of Dallas
10455 North Central Expwy
Suite 109-195
Dallas, TX 75231**