



Honor Flight Houston use only: Name: _____ Date received: _____

Volunteer Application

Honor Flight Houston 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 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 us at (817)690-6300 or visit us at www.honorflighthouston.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. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight Houston? _____

3. Please list any prior volunteer experience. _____

4. There are several volunteer opportunities.
Please indicate 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

___ Ground Transportation in Departure City

___ Airport Check-In Assistance

___ Welcome Home Ceremony Support

___ Guardian (Completed separate application required.)

Other Support (*Describe what support you would like to perform*)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

PERSONAL REFERENCES

Please list two (2) personal references.

Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day _____ Evening _____
Relationship to applicant _____

Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day _____ Evening _____
Relationship to applicant _____

7. Emergency Contact Information.

Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
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 Houston*** 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 Houston*** program. I hereby release the photographer and ***Honor Flight Houston*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight Houston*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight Houston*** promotional material and publications, and waive any rights of compensation or ownership thereto.

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

SIGNATURE *: _____ DATE: ___/___/___
(E-mail applicants must sign prior to providing volunteer services)

* If under 18, parent/guardian must also sign and date below

SIGNATURE _____ DATE: ___/___/___
PARENT/GUARDIAN SIGNATURE

Please submit this form to:

Honor Flight Houston
Attn: Volunteer Application
PO Box 73145
Houston, Texas 77273

Or E-mail to: contactus@honorflighthouston.org