

FOR HONOR FLIGHT USE ONLY: Last Name _____

Date Received _____

HONOR FLIGHT CLEVELAND Volunteer Application

Honor Flight Cleveland would not be successful without the generous support of our volunteers. Duties include, but are not limited to,
AIRPORT: meeting, greeting and assisting veterans, setting up/taking down tables and chairs for registration and continental breakfast,
unloading/loading wheelchairs, preparing veteran goody bags, distributing T-shirts

OFFICE SUPPORT: handling routine clerical tasks, creating promotional literature, maintaining databases

SPECIAL EVENTS: manning informational booths at events geared toward veterans, assisting with fundraising

Name _____ Nickname _____
(as it appears on your government issued ID) (if applicable)

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____ Cell _____

Email Address _____ Date of Birth _____

Occupation _____ T-shirt Size (S, M, L, XL, XXL, XXXL) _____ Weight _____

How did you hear about Honor Flight? _____

Why are you volunteering for Honor Flight _____

Please list one emergency contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographs and video equipment are frequently used to memorialize and document *Honor Flight Cleveland* 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 Cleveland* program. I hereby give permission for my images captured during *Honor Flight Cleveland* activities through video, photo or other media, to be used solely for the purpose of *Honor Flight Cleveland* promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I understand that *Honor Flight Cleveland* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Cleveland* activities and will not hold *Honor Flight Cleveland* responsible for any injuries or illness incurred by me while participating in the *Honor Flight Cleveland* Program.

Signed _____ Date _____

Please submit this form to:

Honor Flight Cleveland
PO Box 119
Elyria, OH 44035
honorflightcleveland@outlook.com