

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

Volunteer Application



Wiregrass Honor Flight 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 *Wiregrass Honor Flight* at 334-494-7846 or visit us on the web at www.WiregrassHonorFlight.com and please follow us on Facebook.

Thank You for your support.

Name: * _____ Nickname: _____
Print First, MIDDLE and Last As It Appears On Your ID For Program Badge

Address: * _____

City: * _____ State: * _____ Zip: * _____

Phone (Main): * _____ Mobile Phone: _____

Email: * _____ Date of Birth: * _____ Age: _____

Gender*(circle one): M F Weight: * _____ Shirt Size (circle one): * S M L XL XXL XXXL

Occupation: _____ Are You A Veteran? YES NO

If YES, Branch of Service (circle): Air Force Army Coast Guard Marines Merchant Marines Navy Space Force

When (check all that apply): ___ Cold War (1955-1964) ___ Vietnam ___ Gulf War/Desert Storm ___ Afghanistan

Other(s) Please Explain: _____

PRIMARY EMERGENCY CONTACT INFORMATION:

Name: * _____ Relationship: * _____

Phone (Main): * _____ Mobile Phone: _____

Email: _____

Why are you volunteering for Honor Flight? _____

Please list any volunteer work for other organizations: _____

How did you hear about Wiregrass Honor Flight? ___ Radio ___ TV ___ Referral ___ Social Media
___ Word of Mouth ___ Signup Event ___ Search Engine (Google, Bing, etc) Other: _____

PLEASE COMPLETE PAGE 2

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

- | | |
|--|--|
| <input type="checkbox"/> Leadership / Committee Chair | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Local Military, JROTC, Schools Liaison | <input type="checkbox"/> Assist in Contacting Veterans |
| <input type="checkbox"/> Administrative Assistance – Meetings/Office | <input type="checkbox"/> Assist in Contacting Guardians/Volunteers |
| <input type="checkbox"/> Administrative Assistance – From Home | <input type="checkbox"/> Mail Call |
| <input type="checkbox"/> Digital Artist / Social Media / Website | <input type="checkbox"/> Photography / Videography |
| <input type="checkbox"/> Marketing Experience | <input type="checkbox"/> Driving Veterans to Special Events |
| <input type="checkbox"/> Information / Recruitment Booths | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Speaker Presentations | <input type="checkbox"/> Ground Transportation in Departure City |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Airport Check-In Assistance (Preflight) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Welcome Home Heroes Celebration |

Please list the best days and times for you to volunteer:

Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Times: Morning Afternoon Evening Comments: _____

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***Wiregrass Honor Flight*** trips and events, my image may appear in a public forum - such as the media or a website - to acknowledge, promote or advance the work of the ***Wiregrass Honor Flight*** program. I hereby release the photographer and ***Wiregrass Honor Flight*** from all claims and liabilities relating to said photographs. I hereby give permission for my images captured during ***Wiregrass Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Wiregrass Honor Flight*** promotional materials and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is my responsibility as the Volunteer and I understand that neither ***Wiregrass Honor Flight*** nor the provider of free private aircraft ("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 ***Wiregrass Honor Flight***, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of ***Wiregrass Honor Flight*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program.

SIGNED *: _____ DATE: ___/___/___

* If under 18, a parent/guardian signature is required.

SIGNED: _____ DATE: ___/___/___

Print Name: _____ Relationship: _____

Please submit this form to: Wiregrass Honor Flight Hub
ATTN: Volunteer Application
106 Deer Run Strut
Enterprise, AL 36330-7812

Or scan and email: whfcrew@WiregrassHonorFlight.com with subject "Volunteer Application"