

# FLIGHTLESS HONOR FLIGHT 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 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 Honor Flight of Kansas City at (816) 215-2746 or visit us on the web at [www.honorflightkc.org](http://www.honorflightkc.org). Thank you for your support!

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER:  M  F  
OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN?  YES  NO

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

1. How did you learn about the Honor Flight organization?  
\_\_\_\_\_

2. Why are you volunteering for Honor Flight?  
\_\_\_\_\_

3. Please list any prior volunteer experience (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

4. There are several opportunities for volunteers. Please indicate all areas of interest to you:

A. Flight Volunteer

- "Flightless" Flights
- Help with events involved with Normal Flights to Washington DC.

B. Administrative Support

- Administrative Assistance (In Office)
- Administrative Assistance (From Home)

C. Outreach

- Information Booths
- Speaker's Bureau

D. Special Events

- Event Planning
- Fund Raisers

E. Trip Support

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check-In Assistance
- Guardian (Complete Separate Application)

Please list the best times for you to volunteer.

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

6. Please list two (2) personal references:

A.) Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

B.) Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

7. Emergency contact information:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**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 or 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 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 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit this form to:  
Honor Flight of Kansas City  
PO Box 46718  
Kansas City, MO 64188  
Or e-mail to: hfnokclist@gmail.com**