

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 end of each trip. Please conside the wide range of opportunities - every little bit helps us honor our veterans! For further information, we can be contacted at 281-652-5072 or contactus@honorflighthouston.org. You may also visit us at: www.honorflighthouston.org

YOUR NAME:					
	Last Name as it appears on your o		nt ID)	lf applicable	
STREET ADDRESS:					
CITY:	COUNTY:	ST:	ZIP:		
PHONE: HOME:	CELL:	OTHER:			
EMAIL ADDRESS:		DATE OF BIRTH:		_	
	M F / TEE SHIRT SIZE : nts is 18 years old. Volunteer Applicants of				
Are you a veteran?					
☐Yes ☐No If a vetera	n, please indicate BRANCH of	service:			
WHEN and WHERE did yo	u serve?				
	Honor Flight organization?:				
Why are you volunteering fo	or Honor Flight Houston?				
	er experience:				

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

ADMINISTRATIVE SUPPORT

Administrative Assistance - From Home

OUTREACH

____Information Booth

Speaker's Bureau

SPECIAL EVENTS

____Event Planning

Fundraisers

TRIP SUPPORT

____Ground Crew in Departure City (requires 2 day commitment

____Airport Check-In Assistance

Welcome Home Ceremony Support

Guardian (Completed separate application required

OTHER SUPPORT (Describe what support you would like to perform)

PLEASE INDICATE 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: **REFERENCE #1:**

Name:		
Street Address:		
City/State/Zip:	Email:	
Phone Numbers: Cell	Other	
Relationship:		

PERSONAL REFERENCES - Please list two (2) personal references:

REFERENCE #2:		
Name:		
Street Address:		
City/State/Zip:	Email:	
Phone Numbers: Cell_	Other	
Relationship:		
EMERGENCY CONTAC	T INFORMATION:	
Name:		
Street Address:		
City/State/Zip:	Email:	
Phone Numbers: Cell	Other	
Relationship:		

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 here-by give permission for my images captured during Honor Flight Houston activity 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 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 Houston 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 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.

SIGNED: _____

DATE:___/__/___

PLEASE SUBMIT THIS SIGNED FORM TO:

Honor Flight Houston Attn: Volunteer Application PO Box 73145 Houston, TX 77273 281-652-5072

Or Email to: ContactUs@HonorFlightHouston.org