

HONOR FLIGHT USE ONLY: LAST NAME.: _____ **DATE RECEIVED:** _____



Volunteer Application

The Last Frontier Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support, to fundraisers and informational presentations, and 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. Volunteers are also responsible for their own expenses (transportation, meals, etc.). For further information, please contact us at (907) 248-2318 or visit www.lastfrontierhonorflight.com
Thank You for your support.

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day: _____ Evening: _____ Cell: _____

E-MAIL ADDRESS: _____

AGE: _____ DOB: _____ OCCUPATION: _____

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience.

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

ADMINISTRATIVE SUPPORT

- Administrative Assistance – In Office
- Administrative Assistance – From Home

SPECIAL EVENTS

- Event Planning
- Fundraisers

OUTREACH

- Informational Booths
- Speaker's Bureau

TRIP SUPPORT

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check-In Assistance &/or Homecoming
- Guardian (Completed separate application required.)

PLEASE LIST THE BEST TIMES FOR YOU TO VOLUNTEER:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City _____ State _____ Zip: _____

E-Mail Address: _____

Phone Numbers: 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 **The Last Frontier 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 Last Frontier Honor Flight** program. I hereby release the photographer and **The Last Frontier Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **The Last Frontier Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **The Last Frontier 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 **The Last Frontier Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **The Last Frontier Honor Flight** activities and will not hold **The Last Frontier Honor Flight** responsible for any injuries incurred by me while participating in **The Last Frontier Honor Flight** program.

SIGNED *: _____

DATE: _____

(E-mail applicants must sign prior to providing volunteer services)

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

SIGNATURE: _____

PRINTED NAME OF PARENT/GUARDIAN _____

DATE: _____

Please submit this form to:

The Last Frontier Honor Flight
ATTN: Volunteer Application
PO Box 520095
Big Lake AK 99652

ANY QUESTIONS: Call (907) 248-2318 or (360) 489-5146