

FOR HONOR FLIGHT USE ONLY: LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_



## VOLUNTEER APPLICATION

*Honor Flight Maine* would not be successful without the generous support provided by our dedicated 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 us at 207.370.7210 or [www.honorflightmaine.org](http://www.honorflightmaine.org). Thank You for your support.

NAME \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_ Yes \_\_\_ No

If a veteran, please indicate BRANCH of service, WHEN and WHERE did you serve: \_\_\_\_\_

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

### ADMINISTRATIVE SUPPORT

- Administrative Assistance – In Office
- Administrative Assistance – From Home OUTREACH
- Informational Booths
- Speaker's Bureau

### SPECIAL EVENTS

- Event Planning
- Fundraisers

### TRIP SUPPORT

- Contact Veterans
- Ground Transportation in Departure City
- Airport Check-In Assistance
- Guardian (Completed separate application required. Guardians are asked to make a donation to the program to help cover travel expenses. Guardians should also be willing to travel with the veterans)

**PLEASE COMPLETE PAGE 2**

5. Please list the best times for you to volunteer.

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

6. Please list two (2) personal references.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_

7. Emergency contact information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_

**PLEASE REVIEW AND SIGN:** The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Maine** 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 Maine** program. I hereby release the photographer and **Honor Flight Maine** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Maine** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Maine** promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the guardian and I understand that neither Honor Flight Maine 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 Maine activities and will not hold Honor Flight Maine, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight Maine responsible for any injuries incurred by me while participating in the Honor Flight Maine program.

SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail applicants will be required to sign prior to actual trip date) D M Y

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
PARENT/GUARDIAN D M Y

Please submit this form to:

**Honor Flight Maine**  
**ATTN: Volunteer Application**  
**PO Box 1770**  
**Portland, Maine 04101-1770**

Or Email to [MaineHonorFlight@GMAIL.com](mailto:MaineHonorFlight@GMAIL.com)