

TRIP SUPPORT

- _____ Contact Veterans
- _____ Ground Transportation in Departure City
- _____ Airport Check-In Assistance

5. Please list best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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 _____

Phone Numbers: Day _____ Evening _____

Relationship to applicant _____

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, waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the volunteer and I understand that **Honor Flight** does **not** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight activities** and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

SIGNED*: _____ DATE: ____/____/_____
(E-Mail applicants must sign prior to providing volunteer services)

*If under 18, Parent/Guardian must also sign and date below.

PARENT/GUARDIAN SIGNATURE Date: ____/____/_____

**Please submit this form to: Honor Flight Cleveland
Attn: Volunteer Application
37 Levan Drive
Painesville, Ohio 44077**

Or E-mail to: Jmerrick7@juno.com