



HONOR FLIGHT
BLUEGRASS CHAPTER

Volunteer Application

Honor Flight Bluegrass is dedicated to honoring our veterans for the service and sacrifices they have made. In order to accomplish this it takes an enormous effort by hundreds of people.

"We can't all be heroes, some of us get to stand on the curb and clap as they go by"

Will Rogers

Please consider becoming a volunteer and help us make our veterans dreams a reality.

First Name Last Name

Address

City State Zip

Daytime Phone Evening Phone

E-mail Age Date of Birth mm/dd/yyyy

Cell Phone

Gender Occupation

Are you a veteran (not required) Yes No Branch and dates

How did you learn about the Honor Flight?

Why are you volunteering for the Honor Flight?

Previous volunteer service - in any organization

In what areas would you like to contribute as a volunteer?

- | | |
|--|---|
| <input type="checkbox"/> Administrative assistance (from home) | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Veterans/ Guardians for qualification |
| <input type="checkbox"/> Television and radio | <input type="checkbox"/> Veteran Transportation (to/from airport) |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Airport check in |
| <input type="checkbox"/> Medical (EMT, EMS, RN, LPN, PA, MD) | <input type="checkbox"/> Wheel chair transport / wrangler |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Veteran / Guardian package assembly |
| <input type="checkbox"/> Graphic design | |

Emergency Contact Information

Name

Phone Number

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 veteran and I understand that Honor Flight does NOT provide medical care.**
- 3. I state that the scope and nature of the Honor Flight program and activities have been explained to me and I am physically and mentally able to travel and engage in the Honor Flight program and activities.**
- 4. I understand that in the best interests of my SAFETY AND SECURITY and those of the Honor Flight Bluegrass Chapter, circumstances may dictate that I may be refused and/or denied participation if I am observed to be PHYSICALLY and/or MENTALLY UNABLE or INCAPABLE to do so.**

5. I understand and accept all risks associated with travel and other Honor Flight activities and will hold Honor Flight, its agents, directors, members or assigns, harmless for any injuries I sustain or omissions which cause harm to me while participating in the Honor Flight program and activities, and expressly release them from any and all liability whatsoever. I expressly intend to bind my heirs by this release and waiver.

6. I understand that participation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in the Honor Flight Network and/or the Honor Flight Bluegrass Chapter's mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

7. In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person(s) for me. In the event that this person(s) cannot be reached, permission is hereby given to the medical provider selected by the Honor Flight Network and/or the Honor Flight Bluegrass Chapter to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information within the Honor Flight Network and/or any physician or health care provider involved in providing medical care to the participant.

8. I have carefully considered the risk involved and give consent to participate.

9. To safeguard the disclosure of your information entrusted by you to the Honor Flight Network and/or the Honor Flight Bluegrass Chapter:
 - a. We shall not share, trade or sell your information without your permission, except as permitted or required by law
 - b. We shall keep your personal and health information confidential. We shall not disclose your information without your permission, except as permitted or required by law.
 - c. I approve the sharing of the information on this form within the Honor Flight Network/Honor Flight Bluegrass Chapter and professionals who need to know of medical conditions and situations that might require special consideration for the safe conducting of its mission.
 - d. You give the Honor Flight Network and/or the Honor Flight Bluegrass Chapter permission to verify your medical condition with your physician(s).

Name (print)

Signature _____ Date _____

use MM/DD/YYYY only

Mail completed application to

Honor Flight Bluegrass , PO Box 991364, Louisville, KY 40269-1364

Contact for additional information info@honorflightbluegrass.org

Phone 888-998-1941 www.honorflightbluegrass.org

E-mail info@honorflightbluegrass.org