



HONOR FLIGHT BLUEGRASS – VOLUNTEER APPLICATION

Complete this form and mail to Honor Flight Bluegrass, P.O. Box 991364, Louisville, KY, 40269. If you have questions, please email us at info@honorflightbluegrass.org or call 1-888-998-1941.

To help us assign you to the appropriate volunteer opportunities, please indicate your area of interest on this form. Email is our primary method of communication with our volunteers. Please be sure to include your email address in the designated field so a committee chairperson can contact you about how to get involved. **Important note:** If you would like to serve as a guardian, you must complete a separate guardian application, located at honorflightbluegrass.org. The volunteer application does not capture information for guardian roles.

Thank you for supporting our veterans!

| | | | |
|--|----------------------------|---------------|-------|
| First Name: | | Last Name: | |
| Address: | | | City: |
| State | Zip: | Email: | |
| Home Phone: | | Mobile Phone: | |
| Are you over the age of 18? Yes No If under 18, list name and phone number of accompanying adult: | | | |
| Gender: | Occupation, if applicable: | | |
| Are you a veteran? Yes No If yes, list branch of service: _____ Years of service: _____ | | | |

Why would you like to volunteer with Honor Flight Bluegrass?

List any prior volunteer experience, if applicable:

Please check the area(s) in which you'd like to volunteer with us:

| | | | |
|--------------------------|---------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Special Events | <input type="checkbox"/> | Ground Crew (assist at airport) |
| <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Social Media/Public Relations |
| <input type="checkbox"/> | Outreach/Networking | <input type="checkbox"/> | Other (please specify): |



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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 Bluegrass from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight Bluegrass 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 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 Bluegrass Chapter's mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.
- 3) 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 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 to the Honor Flight Bluegrass Chapter and/or any physician or health care provider involved in providing medical care to the participant.
- 4) I have carefully considered the risk involved and give consent to participate.
- 5) To safeguard the disclosure of your information entrusted by you to 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 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 Honor Flight Bluegrass and professionals who need to know of medical situations that might require special consideration for the safe conducting of its mission.

Applicant Name: _____ Applicant Signature: _____

Date: _____