First State Honor Flight
Volunteer Application

For Honor Flight Use Only

Last Name_____

Date_____

First State Honor Flight is successful because of the dedication of our Volunteers. We have a wide variety of areas where you can help support our programs that recognize the contributions of our Veterans. Every volunteer helps make our program a success and the personal rewards are great! For further information, please call **302-531-7272, Option 2;** email programs@firststatehonorflight.org; or find us on the web at www.firststatehonorflight.org.

YOUR INFORMATION

Your Full Name _____ **Badge Nickname** _____

Street Address _____

City _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

Birthdate (mm/dd/yyyy) _____ **Email Address** _____

Employer _____ **Work Phone** _____

Military Experience: Branch of Service _____ **From** _____ **To** _____

Why do you want to be a volunteer? _____

EMERGENCY CONTACT

Name _____

Street Address _____

City _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

Email Address _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility, and I understand that First State Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other First State Honor Flight activities and will not hold First State Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the First State Honor Flight program.
3. As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 videographer/photographer and First State Honor Flight from all claims and liability relating to said images. 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 of compensation or ownership thereto.
4. I acknowledge that this application consists of one page.

Print Your Name _____ **Signature** _____ **Date** _____

Please mail this form to:

First State Honor Flight
PO Box 80
Frederica, DE 19946