



# Volunteer Application

This form is designed to allow you to type your responses directly onto the application. When complete, save the form under your desired file name and attach it to an e-mail sent to the address on page 2. Or you may print this application, handwrite your responses and send it to HFSD per the instructions on page 2.

**Honor Flight San Diego (HFSD)** would not be successful without the dedicated help provided by our volunteers. Assistance is needed and appreciated in many areas, including office/clerical, fundraising, and trip planning. Please consider the wide range of opportunities, as every little bit helps.

For further information, please contact Jeff at (800) 655-6997, email: [info@honorflightsandiego.org](mailto:info@honorflightsandiego.org) or visit us at [www.honorflightsandiego.org](http://www.honorflightsandiego.org)

**Thank You for your support!**

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

OCCUPATION: \_\_\_\_\_ - ARE YOU A VETERAN? \_\_\_\_ YES \_\_\_\_ NO

If a veteran, please indicate BRANCH of service, WHEN and WHERE you served:

\_\_\_\_\_

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 check all areas of interest to you:

**ADMINISTRATIVE SUPPORT**

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 (Separate application required)

**AIRPORT GREETERS**

Send Off

Welcome Home

OTHER: \_\_\_\_\_

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

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

6. Please list two (2) personal references:

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 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 San Diego (HFSD) and the Honor Flight Network (HFN)* 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 *HFSD and the HFN* program. I hereby release the photographer and *HFSD and the HFN* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *HFSD and the HFN* activities through video, photo, or other media, to be used solely for the purposes of *HFSD and the HFN* promotional material and publications, and waive any rights of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that *HFSD and the HFN* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *HFSD and the HFN* activities and will not hold *HFSD and the HFN* responsible for any injuries incurred by me while participating in the *HFSD and the HFN* program.

An electronic submittal of this PDF application will not accommodate a physical hand-written signature. Therefore, by checking this box, you are providing a digital signature and agree that it is the legally binding equivalent to your handwritten signature with the same validity and meaning as your handwritten signature.

I acknowledge that all of the information provided is true and correct.

**You may submit your completed application via any method listed below:**

- |    |                                                                |                                                                                                           |
|----|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. | <b>Print the form and mail it to:</b>                          | <b>Honor Flight San Diego<br/>ATTN: Guardian Applications<br/>9423 Keck Court<br/>San Diego, CA 92129</b> |
| 2. | <b>Scan the form and e-mail to:</b>                            | <b>info@honorflightsandiego.org</b>                                                                       |
| 3. | <b>Save to a file name and attach it to an e-mail sent to:</b> | <b>info@honorflightsandiego.org</b>                                                                       |
| 4. | <b>Print the application and fax it to:</b>                    | <b>800 652-1375</b>                                                                                       |