



# Space Coast Honor Flight Volunteer Application

For Honor Flight Use Only

Last Name \_\_\_\_\_ Date \_\_\_\_\_

Space Coast 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! If you have any questions, contact us at **1-321-456-7031** or email us at [volunteer@spacecoasthonorflight.org](mailto:volunteer@spacecoasthonorflight.org). Thanks for your support – you can make a difference!

## 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 Space Coast Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Space Coast Honor Flight activities and will not hold Space Coast 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 Space Coast 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 Space Coast 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:**                      **or email to:**  
**Space Coast Honor Flight**                      **volunteer@spacecoasthonorflight.org**  
**PO Box 560975**  
**Rockledge, FL 32956**