PSHF USE ONLY: Last name	Date received:	
TOTAL COLL CITET : Edot Hamo	 _Dato 1000110a.	



Volunteer Application

Puget Sound Honor Flight would not be successful without the generous support of our volunteers. Assistance is required in the areas of office/clerical, events/fundraising, and logistical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities to help recognize and thank our veterans. For further information, please contact us at (253) 303-1130 or visit our website at www.pugetsoundhonorflight.org

Name:				
Address:	City/State:		Zip:	
Primary phone:	_ Cell:			
Email:				
Date of birth (month/day/year)://	Age:	Ht/Wt:		
Gender: Male Female T-shirt size: S	M L	XL XXL	XXXL	
Occupation:				
Are you a veteran?		Yes	No No	
If yes, please indicate BRANCH of service, and WHE	N and WHERE you	ı served:		
How did you learn about Puget Sound Honor Flight?				
Why are you volunteering for Puget Sound Honor Fl	ight?			
Please list any prior volunteer experience:				

PUGET SOUND HONOR FLIGHT – VOLUNTEER APPLICATION

There are sev	verai voluntee	er opportunitie	s available, i	ncluding (please	e mark your in	terests):		
ADMINISTRATIVE SUPPORT			TRIP SUPP	ORT				
Cleri	cal support fr	om home			ound Transpor		parture City	
					port Check-in			
DUTREACH					o Departure C	•		
	mation Booth			We	Welcome Home Ceremony Support			
Spea	aking Engage	ments						
DECIAL EV	ENTO			OTHER SUPPORT (Describe what support you wou				
SPECIAL EV				ике то репо	like to perform):			
	nt Planning							
	draisers							
Cont	act Veterans							
Please list the	T	or you to volu	1					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning Afternoon								
Evening								
#1	AL REFER							
Name:								
Address:			City/State:			Zip:		
Primary pho	ne:			Cell:				
Email:								
#2								
Name:								
	ldress:							
Primary pho	ne:			Cell:				

PUGET SOUND HONOR FLIGHT – VOLUNTEER APPLICATION

Name: ______ Relationship: ______ Address: _____ City/State: _____ Zip: _____ Primary phone: _____ Cell: _____ Cell: _____ The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document **Puget Sound Honor Flight (PSHF)** 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 PSHF program. I hereby release the photographer and PSHF from all claims and liability relating to said photographs. I hereby give permission for my images captured during PSHF activities through video, photo, or other media, to be used solely for the purposes of PSHF promotional material and publications, and waive any rights or compensation or ownership thereto.

I further state that medical insurance is the responsibility of the volunteer and I understand that neither PSHF, nor the provider of aircraft or other transportation, provides medical care. I hereby accept all risks associated with travel and other PSHF activities and will not hold PSHF, it's board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement, for or on behalf of PSHF, responsible for any injuries incurred by me while participating in the Honor Flight program.

Print name:	Date:	
Signature*:		
	(*If under 18, a parent/legal guardian must also sign below)	
Print name:	Relationship:	
Signature:		

Please submit this form to:

Puget Sound Honor Flight 17837 1st Ave S. PMB144 Normandy Park, WA 98148

Or email to: info@pugetsoundhonorflight.org