PSHF USE ONLY: Last name		Date received:	
		-	



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:	C	ell:				
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
If yes, please indicate BRANCH of service, and WHEN and WHERE you served:						
How did you learn about Puget Sound Honor Flight?						
Why are you volunteering for Puget Sound Honor Flight?						
Please list any prior volunteer experience:						

PUGET SOUND HONOR FLIGHT – VOLUNTEER APPLICATION

There are seve	eral voluntee	r opportunitie	s available, i	ncluding (please	e mark your in	terests):	
ADMINISTRATIVE SUPPORT			TRIP SUPP	PORT			
Clerical support from home			Gro	ound Transpo	rtation in De	parture City	
				Air	port Check-in	Assistance	
OUTREACH			Trip Departure Ceremony Support Welcome Home Ceremony Support				
Information Booths							
Speal	king Engage	ments					
			OTHER SUPPORT (Describe what support you wo				
SPECIAL EVENTS			like to perform):				
	: Planning						
	raisers						
Conta	act Veterans						
lease list the	best times for	or you to volu	nteer:				
_	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
forning Afternoon							
evening							
PERSONA 1	LKEFEK	LNCES					
ame:							
Address:			City/State: Zip:_			Zip:	
rimary phon	ne:			Cell:			
mail:							
2							
ame:							
ddress:	dress:					_Zip:	
rimary phon	e:			Cell:			
mail:							

PUGET SOUND HONOR FLIGHT – VOLUNTEER APPLICATION

EMERGENCY CONTACT

Name:	Relationship:			
Address:	City/State:	Zip:		
Primary phone:	Cell:			
Email:				
PLEASE REVIEW CAREFULLY A	ND SIGN:			
The undersigned acknowledges and agrees	that:			
As photographic and video equipment are free Honor Flight (PSHF) trips and events, my in website, to acknowledge, promote or advance photographer and PSHF from all claims and my images captured during PSHF activities to purposes of PSHF promotional material and ownership thereto.	mage may appear in a public forum, be the work of the PSHF program. I l liability relating to said photographs through video, photo, or other media	such as the media or a nereby release the . I hereby give permission for , to be used solely for the		
I further state that medical insurance is the re PSHF, nor the provider of aircraft or other tra associated with travel and other PSHF activi volunteers, the transportation provider or any service announcement, for or on behalf of PS participating in the Honor Flight program.	ansportation, provides medical care. ities and will not hold PSHF, it's boar y person appearing or quoted in any	I hereby accept all risks demonstrated members, guardians, advertisement or public		
Print name:	Date: _			
Signature*:(*If under 18, a pa	arent/legal guardian must also sign below)		
(11 411451 10, 4 pt	aroninggal guardian macraice orgin bolon	,		
Print name:	Relationship:			
Signature:				
Please submit this form to: Puget Sound Honor Flight Attention: Volunteer Application				

Grapeview, WA 98546

PO Box 434

Or email to: applications@pugetsoundhonorflight.org