FOR HONOR FLIGHT USE ONLY:	L.N.:	D.R			
Volunteer Application, Serving: The Sullivan-Hartogh-Davis, C dedicated help provided by t clerical support to airport assiste each trip. Please consider the our website at shdpost730water	edar Valley Honor Floor the volunteers. Assistant ance that aids the vete wide range of opportu	ight, would not be ce is required from or erans both at the begin	successfu ffice mar nning and	ul with nagem d at th	nout the nent and e end of
NAME		DATE	:/_	/_	
Shirt size (circle one) S M L >	KL 2XL 3XL		Μ	D	YR
ADDRESS:					
CITY:	STATE:	ZIP CODE:			
PHONE: Day	Evening	Mob	ile		
E-MAIL ADDRESS:		AGE:	DOB		
OCCUPATION:	· · · · · · · · · · · · · · · · · · ·	ARE YOU A VETE	ran?	Yes _	_ No
If a veteran, please indicate BR.	ANCH of service, WHEN	and WHERE did you se	erve.:		
 How did you learn about the Why are you volunteering for Please list any prior volunteer 	Honor Flight?				
4. There are several volunteer of ADMINISTRATIVE SUPPORT Administrative Assistance – If Administrative Assistance – If OUTREACH	n Office	cate all areas of intere	st to you.		
Informational Booths Speaker's Bureau					
SPECIAL EVENTS Event Planning Fundraisers					
TRIP SUPPORT Contact Veterans Ground Transportation in De Airport Check-In Assistance Guardian (Completed sepo	,	ed.)			
PRAYER SUPPORT Form a prayer support team I personally commit to prayi 5. Please list the best times for ye Sunday Monday Tuesday Wedr ** PLEAS	ng for all veterans who out o volunteer.	are serving and have s Saturday	served.	ding.	

Morning			
Afternoon			
Evening			
6. Please list two (2) personal reference	es.		
Name:			
Address:			
City/State/Zip:			
E-Mail Address:Phone Numbers: Day			
Phone Numbers: Day	Evening		
Relationship to applicant			
Name:			
Address:			
City/State/Zip:			
E-Mail Address:			
Phone Numbers: Day	Evening		
Relationship to applicant			
7. Emergency contact information:			
Name:			
Address:			
City/State/Zip:			
City/State/Zip:Phone Numbers: Day	Evening		
Relationship to applicant			
Please Review Carefully and Sign: The undersigned acknowledges and agree 1) As photographic and video equipment and events, his/her image may appear in promote, or advance the work of the Horn Flight from all claims and liability relating to during Honor Flight activities through video Flight promotional material and publication 2) I further state that medical insurance is Flight nor the provider of private aircraft ("risks associated with travel and other Honor Provider, or any person appearing or quot behalf of Honor Flight responsible for any in SIGNED *:	t are frequently used to reappublic forum, such as nor Flight program. I here to said photographs. I here to said photographs. I here to, photo, or other mediations, and waive any rights the responsibility of the virilight Provider") provides for Flight Network activities ted in any advertisement injuries incurred by me with the subject of the subje	the media or a website by release the photogone in the photogone is of compensation or external and I understons and will not hold Hot or public service and while participating in the position of a website in the participating in the partic	ite, to acknowledge, grapher and Honor for my images captured the purposes of Honor ownership thereto. and that neither Honor erstand that I accept all onor Flight, the Flight nouncement for or on
JICINED .			
* If under 18, parent/guardian must al:	so sign and date belov		DATE://
PARENT/GUARDIAN SIGNATURE			
Please submit this form to: The Sullivan-Hartogh-Dav P. O. Box 182	vis, Cedar Valley	Honor Flight	

Cedar Falls, Iowa 50613

Email questions to: whitedog67@q.com or fmagsbhc@hotmail.comWeb site: www.cedarvalleyhonorflights.org, Email: veterans@cedarvalleyhonorflights.org, We can also be located on Facebook: Cedar Valley Honor Flights