



VOLUNTEER APPLICATION

Honor Flight Maryland would not be successful without the help provided by dedicated volunteers. Assistance is needed, ranging from office management and clerical support to trip assistance in the send off and homecoming of the Veterans . For further information, please contact us at (443) 873-0874 or www.HonorFlightMD.org. Thank you for your support.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

NICKNAME: _____ (If Applicable) GENDER: M F AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

CONTACT PHONE #: (_____) _____ ALTERNATE #: (_____) _____

OCCUPATION: _____

ARE YOU A VETERAN? **YES NO** BRANCH: _____ WHEN? _____ WHERE? _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT MD? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT MD? _____

PLEASE LIST PRIOR VOLUNTEER EXPERIENCE: _____

PLEASE CIRCLE AVAILABILITY: WEEKDAYS WEEKENDS EVENINGS

INDICATE AN AREA OF VOLUNTEER INTEREST: _____

PLEASE CIRCLE ANY EXPERIENCE IN THE MEDICAL FIELD? RN EMT PARAMEDIC CPR PHARMACIST OTHER

IF OTHER, PLEASE EXPLAIN: _____

PLEASE REVIEW CAREFULLY BEFORE SIGNING

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight MD 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 Honor Flight MD program. I hereby release the photographer and Honor Flight MD from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight MD activities through video, photo, or other media, to be used solely for the purposes of Honor Flight MD promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran, guardian or volunteer and I understand that neither Honor Flight MD nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight MD activities and will not hold Honor Flight MD, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight MD responsible for any injuries incurred by me while participating in the Honor Flight MD program.
3. **Honor Flight Maryland reserves all rights in the final selection and decision of all volunteers.**

SIGNATURE: _____ DATE: _____

PLEASE SUBMIT FORM TO:

HONOR FLIGHT MARYLAND, INC.

5427 Talon Court

Clarksville, MD 21029

(443) 873-0874

Please email if at all possible to:

APPLICATIONS@HONORFLIGHTMD.ORG