



Mail completed application to:
Honor Flight Syracuse, Inc.
 ATTN: Volunteer Application
 PO Box 591, Syracuse NY 13209-0591
 E-Mail: honorflightsyracuse@yahoo.com
 Web Site: www.honorflightsyracuse.org



Volunteer Application

Date (mm/dd/yyyy):

Yes, I would like to serve as an Honor Flight Syracuse Volunteer.

Name:	Salutation	First	Middle	Last	Suffix

Company/ Organization:	
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Address:	

City:		State:		ZIP:	
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Home Phone:		Work Phone:		Ext:		Cell Phone:	
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E-Mail:		Date of Birth:	
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Occupation (If retired, previous occupation):	
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Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service		How did you hear about Honor Flight?	
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Please list prior volunteer experience	
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We have many opportunities for volunteer service. Please indicate all areas of interest to you:

<input type="checkbox"/> Contacting Veterans	<input type="checkbox"/> Speakers' Bureau	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Clerical
<input type="checkbox"/> Ground Transport @ departure	<input type="checkbox"/> Informational Booths	<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Accounting/Bookkeeping
<input type="checkbox"/> Airport Check-in Assistance	<input type="checkbox"/> Social Media	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Web Site Updates	<input type="checkbox"/> Photography/Videography	<input type="checkbox"/>	<input type="checkbox"/>

Tee Shirt Size:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
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PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I understand images of volunteers may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of Honor Flight.
- I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. 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 promotions and publications, and waive any rights of compensations or ownership thereto.
- I further acknowledge that medical insurance is the responsibility of the volunteer and I understand that Honor Flight does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries I may incur while participating in the Honor Flight program.

Signature:		Date (mm/dd/yyyy):	
Parent/Guardian Signature (if applicant is under 18):		Date (mm/dd/yyyy):	