

Mail completed application to:

Honor Flight Syracuse, Inc.

ATTN: Volunteer Application PO Box 591, Syracuse NY 13209-0591



Volunteer Application

Date (mm/dd/yyyy):	

Yes,	l would	like to	serve as	an F	lonor	Flight	Syracuse	Vo	unteer.
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Name:	Sa	lutation First				Middle				Last				Su	ıffix			
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Home Ph	none:				Work	k Phone:				Ext:			Cell Pl	none:				
E-Mail:														Date of Birth:	f			
Occupation (If retired, previous occupation):																		
Are you a Veteran?	eran? Service near abo					r about												
	<u>''</u>	10					Hono	r Flight	?									
Please list ex	prior vol	unteer																
We have many opportunities for volunteer service. Please indicate all areas of interest to you:																		
☐ Contacting Veterans ☐ Web Site Updates					☐ Data Management						Ground Support @ Departure							
Speakers' Bureau Social Media			a		☐ Fundraising Events						Ground Support @ Welcome Home							
☐ Informational Booths			Pho	☐ Photography/Videography				Accounting/Bookkeeping					☐ Health & Safety Team					
☐ Event Planning/Execution			Administrative Support				Logis	Logistical Support (Supplies/Equipment)				ent)	General Support/Other					
Tee Shi	rt Size:			S] м			1			ΧI		XXI			☐ xxx	

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- 1. 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.
- 2. 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.
- 3. 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):	