## **Volunteer Application Never Forgotten Honor Flight**

Never Forgotten Honor Flight would not be successful without dedicated help provided by volunteers who assist the NFHF Board of Directors to ensure each deserved Veteran has an unforgettable experience. Assistance is needed for veteran and guardian call nights, Sunday preflight dinners, and Monday flights and spouse luncheons.

<mark>Full Legal Name</mark> (matchir	ng photo ID is required for CV	VA concourse) <mark>Dat</mark>	<mark>te of Birth</mark> :	
First:	Middle:	Last	t:	
Address:				
City:	State:	Zip code:	T Shirt Size:	<del></del>
Phone: Day	Evening	M	obile	<del></del>
<mark>E-Mail</mark> Address:				
Occupation	Are you	ı a Veteran?	Yes	No
If a Veteran, indicate you	ur branch of service and wher	n and where you s	erved	<del></del>
Why are you volunteerin	g for the Never Forgotten Ho	nor Flight?		
List any previous volunte	er experience:			
Areas where volunteers	are needed: Please place a	check next to area	a(s) you are willing to	o assist.
This is not an all-inclusiv	e list, but gives a general ide	a of areas we nee	ed help.	
	Night (2 per year, usually end ves calling Veterans and inviti	•		at Marshfield Clinic Weston
	Night (2 per year, usually mives calling Guardians inviting	•		at Marshfield Clinic Weston
<del></del>	mes per year, usually March, mbers/friends to send mail to		t) Involves calling Vet	s's family to spread the word
Sunday Prefli	ght Dinner Set-up: 10:00 am	until finished		
Sunday Regis	tration/Hosting 12:00 pm-4:	30 pm		
Sunday Clear	<b>1-up</b> 4:30 pm-7:30 pm			
Monday Airp	oort Send-off 4:00 am-plane t	akes off		
Monday Spo	use Lunch 11:00-2:30 pm			
Monday Airp	oort Welcome Home 7:00 pm	-end		
Special Proje	cts as needed			

Name: <sub>.</sub>	Relationship to Applicant	
Phone I	Number: Email Address:	
Emerg	ency Contact:	
Name _	Relationship to Applicant	
Address		
City/Sta	te/Zip code:	
Email A	ddress:	
Phone:		
Please	review carefully and sign: The undersigned acknowledges and agrees that:	
•	Honor Flight trips and events, his/her image may appear in a public forum, such as the media or website acknowledge, promote, or advance the work of the Never Forgotten Honor Flight program. I hereby release photographer and Never Forgotten Honor Flight from all claims and liability relating to said photographs. hereby give permission for my images captured during Never Forgotten Honor Flight activities through viphoto or other media, to be used solely for the purposes of Honor Flight promotional material and public and waive any rights of compensation or ownership there-of.  I further state that medical insurance is the responsibility of the volunteer and I understand that neither Forgotten Honor Flight nor the provider of private aircraft (Flight Provider) provides medical care. I understand that I accept all risks associated with travel and other Never Forgotten Honor Flight network activities and not hold Never Forgotten Honor Flight, or the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of the Never Forgotten Honor Flight response for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.	ase the I deo, cations, Never rstand d will
SIGNE	<b>D</b> *Date:	
(Email	applicants must sign prior to providing volunteer services.)	
*If und	der 18 a parent or guardian must also sign and date below.	
	Date:	

Parent/Guardian

Please submit this form to: Never Forgotten Honor Flight

**Attention: Volunteer Application** 

225780 Rib Mountain Drive #234

Wausau, WI 54401

**Questions: NFHF Message Center: 715-573-8519** 

Website: neverforgottenhonorflight.com