



Volunteer Application

If you are interested in our Veteran Application, please visit our website www.HonorFlightRochester.org

YOUR FULL NAME: _____

E-MAIL Address: (Print CLEARLY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Preferred Telephone: _____ [] Days [] Evening [] Cell

1) Please mark all areas of interest:

☐ Staffing Information/Event Booths

☐ Event Leader

☐ Veteran Letters - **existing connection to local schools is helpful*

☐ Backpack Assembly

☐ Administrative Work (from home)

☐ Speakers Bureau **must have flown as a Veteran/Guardian to be considered for Speakers Bureau*

☐ Departure (Saturday send-off) Activities

☐ Welcome Home Activities

☐ Photographer (Departure, Welcome Home, Events, etc.)

☐ Health & Safety Team (circle all that apply)*

MD

LPN/RN/NP/PA

EMT/First Responder

Other _____

**certification required*

2) Are you a veteran?

☐ Yes ☐ No Branch of service _____ Dates of service _____

3) Have you flown to Washington DC on an Honor Flight Rochester Mission? (check all that apply)

☐ Yes*; I was a Veteran's Guardian

☐ Yes*; I flew as a Veteran

☐ Yes*; I was part of the flight leadership and/or safety team

☐ No

**If you checked Yes, please note the Mission number or dates (mm/yy) you flew:*

4) What special skills do you bring as a volunteer (e.g., administrative skills, web design, etc.)?

PLEASE COMPLETE SECOND PAGE



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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, 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 program. 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 promotional material and publications, and waive any rights of compensation or ownership thereto.
- 2) I further state that medical insurance is the responsibility of the volunteer and I understand that neither 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 Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
- 3) I will abide by the [Honor Flight Rochester Code of Conduct](#).

SIGNED* _____

E-Mail Applicants: Please check box as a representation of your signature. ☐ DATE: ____/____/____

*If under 18, a Parent/Guardian must **physically** sign and date below. **Prior to a minor's participation in volunteer activities:**

- 1) We must receive either an emailed scan (preferred) or a paper copy of this form with a Parent/Guardian's physical signature.**
- 2) We require that a minor's parent/guardian be a registered Honor Flight Rochester volunteer.**
- 3) Parent/guardian must participate at all Honor Flight Rochester events with the minor.**

Parent/Guardian Signature

DATE: ____/____/____

Thank you for your interest. Please return your application to:

VolunteerHonorFlightROC@gmail.com

- Or -

Honor Flight Rochester
ATTN: Volunteer Application
PO Box 23581
Rochester, NY 14692