

Volunteer Application



Honor Flight CAK would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities; every little bit helps. For further information, please contact **Valerie Kinney** at 330.413.3224 or visit us on the web at www.honorflightcak.org. Thank you for your support.

NAME _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Day _____ Evening _____ Mobile _____

E-MAIL ADDRESS: _____ AGE _____

OCCUPATION: _____ ARE YOU A VETERAN? ___ Yes ___ No
If a veteran, please indicate BRANCH of service, WHEN and WHERE did you serve:

1. How did you learn about the Honor Flight organization?

2. Why are you volunteering for Honor Flight?

3. Please list any prior volunteer experience.

4. There are several volunteer opportunities. Please indicate all areas of interest to you.

ADMINISTRATIVE SUPPORT

___ Administrative Assistance – In Office
___ Administrative Assistance – From Home

OUTREACH

___ Informational Booths
___ Speaker's Bureau

SPECIAL EVENTS

___ Event Planning
___ Fundraisers

TRIP SUPPORT

___ Contact Veterans
___ Ground Transportation in Departure City
___ Airport Check-In Assistance
___ Guardian (Completed separate application required.)

5. Please list the best times for you to volunteer.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

6. Please list two (2) personal references.

First Reference:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone Number: _____

Second Reference:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone Number: _____

7. Emergency contact information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

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 CAK 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 CAK program. I hereby release the photographer and Honor Flight CAK from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight CAK activities through video, photo, or other media, to be used solely for the purposes of Honor Flight CAK 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 Honor Flight CAK 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 CAK responsible for any injuries incurred by me while participating in the Honor Flight CAK program.

SIGNATURE: _____ DATE: _____

* If under 18, parent/guardian must also sign and date below

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE SUBMIT FORM TO:

**HONOR FLIGHT CAK
567 E. TURKEYFOOT LAKE ROAD
AKRON, OH 330.413.3224**