



Honor Flight San Antonio de Valero Volunteer Application

Honor Flight would not be successful without the dedicated help of our volunteers. Assistance of all types is needed. From office management and clerical support, to airport assistance that aids the Veterans both at the beginning and the end of each trip. Please consider the wide range of opportunities; every little bit helps. For further information, please contact *Honor Flight San Antonio* at 210-802-7472 or chairman.honorflightsanantonio@gmail.com.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE Day: _____ EVENING: _____ CELL: _____

EMAIL: _____ AGE: _____ DOB: _____

OCCUPATION: _____ ARE YOU A VETERAN? Yes No

If you are a Veteran, please indicate BRANCH of Service, WHEN and WHERE you served.

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

2. Why are you volunteering to assist Honor Flight? _____

3. List any prior volunteer experience. _____

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

ADMINISTRATIVE SUPPORT

Administrative Assistance – From Home

TRIP SUPPORT

Contact Veterans

Ground Transportation in Departure City

Airport Check-In Assistance

Guardian (Separate Application Completion Required)

OUTREACH

Information Booths

Speaker's Bureau

SPECIAL EVENTS

Event Planning

Fund Raisers

5. Please list best times for you to volunteer (check all that apply)

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|------------------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

6. Please list two (2) personal references.

(1) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: Day _____ Evening _____ Cell _____

Relationship to Applicant: _____

(2) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: Day _____ Evening: _____ Cell: _____

Relationship to Applicant: _____

7. Emergency Contact Information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: Day _____ Evening: _____ Cell: _____

Relationship to Applicant: _____

8. Shirt Size: _____

Please Review Carefully and Sign:

The undersigned acknowledges that:

As photographic video recording 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 related to said photographs and video recordings. 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.

SIGNED*: _____ DATE: _____

(If form is submitted via EMAIL, Applicant must sign prior to providing volunteer services)

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

DATE: _____

Please submit this form to:
Honor Flight San Antonio de Valero
Attn: Volunteer Application
14080 Nacogdoches Road
PMB 340
San Antonio, TX 78247