



VOLUNTEER APPLICATION

Honor Flight Nevada would not be successful without the help provided by dedicated volunteers. Assistance is needed, ranging from office management and clerical support to airport assistance in the send off and homecoming of the Veterans . For further information, please contact us at 775-323-9955 or www.HonorFlightNV.org. Thank you for your support.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

NICKNAME: _____ (If Applicable) GENDER: M F AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

CONTACT PHONE #: (_____) _____ ALTERNATE #: (_____) _____

OCCUPATION: _____

ARE YOU A VETERAN? **YES NO** BRANCH: _____ WHEN? _____ WHERE? _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT NV? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT NV? _____

PLEASE LIST PRIOR VOLUNTEER EXPERIENCE: _____

PLEASE CIRCLE AVAILABILITY: WEEKDAYS WEEKENDS EVENINGS

INDICATE AN AREA OF VOLUNTEER INTEREST: _____

PLEASE CIRCLE ANY EXPERIENCE IN THE MEDICAL FIELD? RN EMT PARAMEDIC CPR PHARMACIST OTHER

IF OTHER, PLEASE EXPLAIN: _____

PLEASE REVIEW CAREFULLY BEFORE SIGNING

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight NV 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 NV program. I hereby release the photographer and Honor Flight NV from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight NV activities through video, photo, or other media, to be used solely for the purposes of Honor Flight NV promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran, guardian or volunteer and I understand that neither Honor Flight NV nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight NV activities and will not hold Honor Flight NV, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight NV responsible for any injuries incurred by me while participating in the Honor Flight NV program.
3. **Honor Flight Nevada reserves all rights in the final selection and decision of all volunteers.**

SIGNATURE: _____ DATE: _____

PLEASE SUBMIT FORM TO:

HONOR FLIGHT NEVADA, INC.
POST OFFICE BOX 21123
RENO, NV. 89515
(775) 323-9955