

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.

Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day _____ Evening _____
Relationship to applicant: _____
Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day _____ Evening _____
Relationship to applicant: _____

7. Emergency contact information:

Name: _____
Address: _____
City/State/Zip: _____
Phone Numbers: Day _____ Evening _____
Relationship to applicant: _____

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 or 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 free 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.

By checking this box and typing my name below, I am electronically signing my application.

SIGNED*: _____ DATE: ____ / ____ / ____
(If printing, please sign with pen) D M Y

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

SIGNED: _____ DATE: ____ / ____ / ____
PARENT/GUARDIAN D M Y

Please print, sign and submit to: INW Honor Flight or click to submit
ATTN: Volunteer Application electronically
608 W 2nd, Ste 309
Spokane, WA 99201-44