

*Honoring Our Veterans*

# *O & A Honor Flight*

*Serving Those Who Served Us*

## **VOLUNTEER APPLICATION**

*O & A Honor Flight (Oklahoma & Arkansas)* would not be successful without the dedicated help provided by the volunteers. Assistance is required from office and clerical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. A project such as this requires many people willing to help. For further information, please contact Wayne at 918-314-4353 or visit our webpage at: [www.oahonorflight.org](http://www.oahonorflight.org)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a veteran? Yes No

If you are a veteran, please indicate branch of service and when and where you served.

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1. How did you learn about *O & A Honor Flight* \_\_\_\_\_
  2. Why are you volunteering for *O & A Honor Flight* \_\_\_\_\_
  3. Please list any prior volunteer experience \_\_\_\_\_
  4. There are several volunteer opportunities. Please indicate all areas of interest to you.

Administrative \_\_\_\_\_ Public Relations \_\_\_\_\_ Fundraising \_\_\_\_\_ Trip Support \_\_\_\_\_

Guardian (accompanies veterans at your own expense; fill out separate application)

Please list two (2) personal references

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Emergency contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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 *O & A Honor Flight* trips and events, your image may appear in a public forum, such as the media or a website to acknowledge, promote or advance the work of the *O & A Honor Flight*. I hereby release the photographer and *O & A Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *O & A Honor Flight* promotional material 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 *O & A Honor Flight* does not provide medical care. I understand that I accept all risks associated with travel and all other *O & A Honor Flight* activities and will not hold the *O & A Honor Flight* responsible for any injuries incurred by me while participating in the *O & A Honor Flight* program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please submit this form to:

*O & A Honor Flight*  
Attn: Volunteer Application  
P.O. Box 999  
Siloam Springs, AR. 72761  
Or Fax to: 918-868-8502