



FOR BADGER HONOR FLIGHT USE ONLY: L.N.: \_\_\_\_\_ D.R. \_\_\_\_\_

## Volunteer Application

**Badger Honor Flight** 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 **Badger Honor Flight** at (608) 835-8604 or visit us on the web at [www.badgerhonorflight.org](http://www.badgerhonorflight.org).

*Thank You for your support.*

NAME \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_ DOB: \_\_\_\_\_

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.)
- Welcome Home from trip

### OTHER

- Anywhere Needed

**PLEASE COMPLETE PAGE 2**

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:

- As photographic and video equipment are frequently used to memorialize and document **Badger 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 **Badger Honor Flight** program. I hereby release the photographer and **Badger Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Badger Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Badger Honor Flight** promotional material and publications, and waive any rights of compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran and I understand that neither **Badger Honor Flight** nor the provider of 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 **Badger Honor Flight**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Badger Honor Flight** responsible for any injuries incurred by me while participating in the **Badger Honor Flight** program.

SIGNED \*: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

(E-mail applicants must sign prior to providing volunteer services)

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

\_\_\_\_\_  
DATE: \_\_\_/\_\_\_/\_\_\_

PARENT/GUARDIAN SIGNATURE

**Please submit this form to:      Badger Honor Flight, Inc.**  
**ATTN: Volunteer Application**  
**PO Box 258066**  
**Madison, WI 53725**

**Or e-mail to: [volunteer-application@badgerhonorflight.org](mailto:volunteer-application@badgerhonorflight.org)**