

# Eastern Iowa Honor Flight VOLUNTEER APPLICATION



*Honor Flight* would not be successful without the dedicated help provided by the volunteers. Assistance is required from clerical support, airport assistance that aids the Veterans both at the beginning and at the end of each trip, and flight orientation, etc.. We make every effort to connect your talent and volunteer interest to the many opportunities that match to the needs of the mission. For further information, please contact **Eastern Iowa Honor Flight** at 855-344-3435, easterniowahonorflight@gmail.com or visit us on the web at www.eihonorflight.org.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Initial  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phones: Preferred: \_\_\_\_\_ Secondary: \_\_\_\_\_

1. Are you or a close family member a Veteran? If so, list branch, location, and dates of service: \_\_\_\_\_
2. How did you learn about Honor Flight? \_\_\_\_\_
3. What moved you to apply as a Volunteer? What would you like us to know about you, such as hobbies, interests, etc? \_\_\_\_\_

4. **SKILLS, TALENTS, ABILITIES:** Please *number* the top 3 skills in which you are most proficient, and which you would like to use. Check all others in which you are proficient, and would use as needed.

- **Administrative Support:** \_\_\_ Data Entry \_\_\_ Phone Calls \_\_\_ Mailing Assistance \_\_\_ Prefer -from Home \_\_\_ Group Meetings
- **Professional Services:** \_\_\_ Lawyer \_\_\_ CPA \_\_\_ Fundraiser \_\_\_
- **Medical:** \_\_\_ Doctor \_\_\_ Nurse \_\_\_ EMT Other \_\_\_\_\_
- **Misc:** \_\_\_ Wheelchair Mechanical / Repair \_\_\_ Veteran Letter Writing Project
- **Computer Expertise:** \_\_\_ Website
- **Outreach:** \_\_\_ Event Information Booth \_\_\_ Speakers Bureau
- **Special Events:** \_\_\_ Event Planning \_\_\_ Set up/ tear-down \_\_\_ Check in Services
- **Trip Support:** \_\_\_ Ground Services Assistance  
\_\_\_ Assistance at the airport: 5:30 AM 10 PM  
\_\_\_ Provide Veteran Transportation to Orientation or the Airport
- **Entertainment at:**  
Orientation: Approximately two weeks prior to the event \_\_\_ Band \_\_\_ Vocal  
Airport Welcome Home \_\_\_ Band \_\_\_ Vocal
- **Prayer:** \_\_\_ Form a prayer support team to pray for safety, relationship building, funding, etc..  
\_\_\_ I personally commit to praying for all Veterans who are serving and those who have served as well as the Honor Flight trips.
- **Other** \_\_\_\_\_

5. 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 \_\_\_\_\_

6. EXPERIENCE:

**Current work:**  
Organization: \_\_\_\_\_  
City: \_\_\_\_\_ Title: \_\_\_\_\_  
Primary responsibilities: \_\_\_\_\_  
Does this organization participate in matching donations, organizing volunteer groups, or providing in-kind donations (products or services)? If so, please describe: \_\_\_\_\_

**VOLUNTEER ORGANIZATIONS:**

A) Organization \_\_\_\_\_ City: \_\_\_\_\_

Title: \_\_\_\_\_

Primary responsibilities: \_\_\_\_\_

Does this organization participate in organizing volunteer groups, or provide donations?

If so, please describe : \_\_\_\_\_

B) Organization: \_\_\_\_\_ City: \_\_\_\_\_

Title: \_\_\_\_\_

Primary responsibilities / accomplishments: \_\_\_\_\_

Does this organization participate in organizing volunteer groups, or provide in-kind donations of products or services?

If so, please describe: \_\_\_\_\_

C) Organization: \_\_\_\_\_ City: \_\_\_\_\_

Title: \_\_\_\_\_

Primary responsibilities / accomplishments: \_\_\_\_\_

Does this organization participate in organizing volunteer groups, or provide in-kind donations of products or services?

If so, please describe: \_\_\_\_\_

**7. ORGANIZATIONS to which you belong** (professional associations, fraternal organizations, houses of worship, alumni associations, etc.):

Name: Describe type and extent of involvement:

\_\_\_\_\_

\_\_\_\_\_

**8. SCHOOLS** that you have a connection to that may wish to provide letters to Veterans.

\_\_\_\_\_

**9. Please describe your most significant volunteer experience, and what it has meant to you:**

\_\_\_\_\_

\_\_\_\_\_

**11. EMERGENCY CONTACT INFORMATION:**

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**12. AGREEMENT: 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 of 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 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.

**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: Eastern Iowa Honor Flight**

**Attn: Volunteer Application**

**PO Box 10704**

**Cedar Rapids, IA 52410**

**Or e-mail: [easterniowahonorflight@gmail.com](mailto:easterniowahonorflight@gmail.com)**



Thank you for your commitment to our Veterans. We look forward to meeting you! If you have any questions, please email the Volunteer Coordinator at [easterniowahonorflight@gmail.com](mailto:easterniowahonorflight@gmail.com)