



Volunteer Application

Thank you for your interest in Honor Flight of Portland Oregon. We would not be successful without the generous and continued support of our volunteers.

The mission of Honor Flight is to celebrate America's veterans by inviting them to share in a trip of honor at our nation's memorials. Our vision is a nation where all of America's veterans experience the honor, gratitude, and community of support they deserve. These trips are free for our honored vets and include airfare, hotels, meals, transportation, t-shirts, and if needed, wheelchairs.

Volunteer support is needed for event planning; fundraising; logistical support to/from airport; assistance to veterans at the beginning and at the end of each trip.

For further information, please contact us at 971-264-0814 or visit our website at www.portlandhonorflight.org.

Name: _____

As it appears on your driver's license or government ID

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Cell: _____ Home: _____ Date of birth: _____

Email: _____

Occupation: _____ Employer: _____

Are you a veteran? Yes No

If yes: BRANCH of service, WHEN and WHERE you served: _____

How did you learn about the Honor Flight organization? _____

Why are you interested in volunteering? _____

Please list any prior volunteer experience: _____

Please mark your interests:

Clerical support from home

Outreach

Information Booths

Speaking Engagements

Special Events

Fundraising

Airport check-in assistance

Welcome home Ceremony

Contact veterans

Board member

PERSONAL REFERENCES

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Cell: _____ Home: _____

Email Address: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Cell: _____ Home: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Cell: _____ Home: _____

Email Address: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize the document Honor Flight of Portland Oregon trip 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 of Portland Oregon program. I hereby release the photographer and Honor Flight of Portland Oregon from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during Honor Flight of Portland Oregon activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of Portland Oregon 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 of Portland Oregon, nor the provider of aircraft or other transportation, provides medical care. I hereby accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight of Portland Oregon, its board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement, for or on behalf of Honor Flight of Portland Oregon, responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED*: _____ Date: ____/____/____

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

SIGNED*: _____ Date: ____/____/____

Please return completed application to: Honor Flight Portland
P.O. Box 80265
Portland, OR 97280
PortlandHonorFlight@gmail.com



Medical Supplement

Guardians and Volunteers

This information is necessary so we may provide you with the appropriate medical support during your trip. Information is for Honor Flight and medical personnel ONLY. Your responses will not affect your eligibility. Before your trip, we may ask for a statement from your physician to participate in the program.

Are you diabetic? YES ___ NO _____

Do you have a pacemaker? YES _____ NO _____

List any medication allergies _____

List any food allergies _____

List any dietary restrictions _____

MEDICATIONS

<i>Medication name</i>	<i>dosage</i>	<i>how often</i>

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Comments/Concerns _____

COVID-19

To decrease the risk of illness, all participants are strongly encouraged to be vaccinated and boosted against Covid-19.

Honor Flight Portland Oregon will follow the Center for Disease Control, Federal Aviation Administration and any federal or local masking recommendations/requirements.

HEALTH CARE PROVIDERS

1. Primary Care Provider

Name _____

Clinic and Phone Number _____

2. Cardiologist, if applicable

Name _____

Clinic and Phone Number _____

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1. As photographic and video equipment are frequently used to memorialize and document Honor Flight of Portland Oregon 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 Honor Flight of Portland Oregon program. I hereby release the photographer and Honor Flight of Portland Oregon from all claims and liability relating to said photographs I hereby give permission for my images captured during Honor Flight of Portland Oregon activities through video, photo, or other media, to be used solely for the purposes of The Last Frontier Honor Flight Honor Flight of Portland Oregon promotional material and publications and waive any rights or compensation or ownership thereto.
2. Furthermore, I understand that medical insurance is the responsibility of the guardian or HFPO trip staff (myself) and I agree to indemnify and hold harmless Honor Flight of Portland Oregon, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury or illness sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE OF GUARDIAN or HFPO Trip Staff:

DATE: _____

Please submit this application to:

Honor Flight of Portland Oregon
P.O. Box 80265
Portland, OR 97280

QUESTIONS? email PortlandHonorFlight@gmail.com or call (971)264-0814