



Franklin County Honor Flight Volunteer Application



Franklin County Honor Flight would not be successful without the dedicated help provided by volunteers. Assistance is needed at the Welcome Home ceremony at the end of each trip. For more information call us at **(636) 584-5253** or visit **www.fchonorflight.org**. or on Facebook at **Franklin County Honor Flight – Missouri**.

LAST NAME _____ FIRST _____ MI _____ NICK NAME _____

AGE _____ DATE OF BIRTH _____ GENDER _____

(As it appears on your ID for airline travel)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PHONE: (Day) _____ (Evening) _____ (Cell) _____

EMAIL ADDRESS _____ DATE OF BIRTH ____ / ____ / ____

Can you lift 100 pounds? **YES NO**

OCCUPATION _____ Are you a veteran? **YES NO**

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

EMERGENCY CONTACT (Someone available on the day of your activity)

NAME: _____ RELATIONSHIP: _____

PHONE: (Day) _____ (Evening) _____ (Cell) _____

PLEASE REVIEW CAREFULLY and SIGN

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, your image may appear in a public forum, such as the media, Facebook, or a website, etc., to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Franklin County Honor Flight, Inc. from all claims and liabilities 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 purpose of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the volunteer and I understand that Honor Flight does **NOT** provide medical care. I understand that I accept all risk associated with travel and other Honor Flight activities and will not hold Franklin County Honor Flight, Inc. responsible for any illnesses or injuries incurred by me while participating in the Honor Flight program.

SIGNED _____

DATE ____ / ____ / ____

Note: If under 18, a parent/guardian must also sign and date below. By signing this form, it gives the Franklin County Honor Flight, Inc. permission to arrange for emergency medical treatment if needed.

SIGNED _____

DATE ____ / ____ / ____

Please fill out completely, sign and then mail or email to:

Rosalie McGaugh
311 Madelyn Ct.
Washington, MO 63090

Email: mcgaughr@swbell.net
Phone: (636) 390-1802