



First Coast Honor Flight Volunteer Application

For FCHF Use Only	
Last Name	_____
Date	_____

First Coast Honor Flight is successful because of the dedication of our Volunteers. We have a wide variety of areas where you can help support our programs that recognize the contributions of our Veterans. Every volunteer helps make our program a success and the personal rewards are great! If you have any questions, contact us at 1-888-400-1185 or email us at info@firstcoasthonorflight.org. Thanks for your support – you can make a difference!

Please provide your information below

Name _____ Badge Nickname _____

Street Address _____ T-Shirt Size _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Email Address _____ Birthdate _____

Employer Name _____ Work Phone _____

Military Experience: Branch _____ From _____ To _____

Why do you want to be a volunteer? _____

Emergency contact information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____

Email Address _____

Please review carefully and sign below

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility and I understand that First Coast Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other First Coast Honor Flight activities and will not hold First Coast Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the First Coast Honor Flight program.
3. As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 videographer/photographer and First Coast Honor Flight from all claims and liability relating to said images. 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.
4. I acknowledge that this application consists of two pages.

Print Your Name _____ Signature _____

Date 6/30/2024



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Please please provide details on your skills, interests and experience

Name 0 Date 6/30/2024

From the list below, please check any experience or specialized training you might have:

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> CPR | <input type="checkbox"/> Doctor | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Nurse | <input type="checkbox"/> Fire / Rescue |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other _____ |

First Coast Honor Flight is always looking for volunteers in a wide range of categories. From the list below, please check as many categories that you would be willing to help with.

- | | | |
|---|---|--|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Photography | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Event Support | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Veteran Support |
| <input type="checkbox"/> Guardian Support | <input type="checkbox"/> Volunteer Support | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Outreach / Info Booths | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Yard sign placement |
| <input type="checkbox"/> Trip Support / Ground Crew | <input type="checkbox"/> Website Design / Maint | <input type="checkbox"/> Mail Call / Letters |
| <input type="checkbox"/> Social Media Support | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Wheelchair Storage |

What days of the week work best for you to volunteer?

- Mon Tue Wed Thur Fri Sat Sun

Physical Abilities

- Are you able to lift, or move up to 50 lbs? Yes No
- Are you able to push an occupied wheelchair? Yes No
- Are you able to stand for at least 30 minutes? Yes No