| | | LN: | |
|---|-----------------------|-----|--|
| HONORING AMERICA'S Greatest Generation | Volunteer Application | | |
| Flight | | | |



Honor Flight Kern County (HFKC) would not be successful without the dedicated help provided by our volunteers. Assistance is needed and appreciated in many areas, including office/clerical, fundraising, and trip planning. Please consider the wide range of opportunities, as every little bit helps. For further information, please call 661-544-VETS (8387). Thank You for your support!

| Name: | | Date:_ | // | |
|--|----------------------------|----------------------|-----|----|
| Address: | | | | |
| City: | State: | Zip: | | |
| Phone: Day | Cell | | | |
| E-Mail: | | Age: _ | | |
| Occupation: | | Are you a Veteran? _ | Yes | No |
| If a veteran, please indicate BRANCH of service, WHEN | I and WHERE you ser | ved: | | |
| How did you hear about the Honor Flight organization? _ | | | | |
| Why are you volunteering for Honor Flight? | | | | |
| Please list any prior volunteer experience | | | | |
| There are several volunteer opportunities. Please check all ADMINISTRATIVE SUPPORT Administrative Assistance (from home) OUTREACH Informational Booths Speaker's Bureau Marketing Schools Businesses | ll areas of interest to yo | ou: | | |
| SPECIAL EVENTSEvent PlanningFundraising TRIP SUPPORTContact VeteransGround Transportation in Departure CityAirport Check-in AssistanceGuardian (Separate application) | Working a | t events | | |
| AIRPORT GREETERSSend Off Welcome Home ORAL HISTORY Interviewer OTHER | | | | |

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| For Honor Flight Kern Cou | anty Use Only LAST NAME: | | | | page 2 |
|--|--|--|---|---|---|
| Please list the best times for yo | ou to volunteer – Sunday, Monday, T | Tuesday, Wednesday | y, Thursday, F | riday, Sat | urday |
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |
| Please list two (2) personal re | eferences: | | | | |
| Name | | | | | |
| Address | | | | | |
| City | S | State | | | |
| | | | | | |
| • | | _ | | | |
| | | | | | |
| Name | | | | | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| relationship to applicant | | | | | |
| PLEASE REVIEW CARE | FULLY AND SIGN: | | | | |
| The undersigned acknowled | lges and agrees that: | | | | |
| County (HFKC) and the It forum, such as the media of HFN program. I hereby relating to said photograph activities through video, pipromotional material and proposed in the Italy of the Italy (Italy 1) and Italy (It | Honor Flight Network (HFN) for a website, to acknowledge, perelease the photographer and Its. I hereby give permission for thoto, or other media, to be use ablications, and waive any rights all insurance is the responsibility does NOT provide medical care and the HFN activities and will le participating in the HFKC and | trips and events, aromote or advance or advance of the Her my images capted solely for the proof compensation of the veteran, guarant hold HFKC and the proof the of the description of the description of the veteran, guarant hold HFKC and the proof the old HFKC and the proof the veteran the proof t | my image me the work of <i>IFN</i> from all ured during a purposes of <i>I</i> or ownership ardian, volunt I accept all and the HFI | ay appea of the HI I claims HFKC a HFKC a o thereto. | or in a public FKC and the and liability and the HFN and the HFN I understand sociated with |
| SIGNED: | | | DATE: | / | |
| | required to sign prior to actua dian must also sign and date b | | | | |
| | | | DATE: | / | / |
| PARENT/GUARDIAN SIG | GNATURE | | | | |
| Please submit this form to: | Honor Flight Kern County ATTN: Volunteer Application 8200 Stockdale Highway Suite M-10, Box 255 Bakersfield, CA 93311 | | | | |