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Volunteer Application		



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) or visit our website www.honorflightkerncounty.org 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, BRANCH of service	WHEN			
WHERE you served:				
How did you hear about the Honor Flight organization	n?			
Why are you volunteering for Honor Flight?				
Please list any prior volunteer experience				
There are several volunteer opportunities. Please chec	ck all areas of interest to you:			
ADMINISTRATIVE SUPPORT				
Data entry	Assist in trip planning	Assist in trip planning		
Graphic design	Merchandise (inventory	Merchandise (inventory & ordering)		
OUTREACH				
Informational booths at events	Veterans (help us find v	Veterans (help us find veterans)		
	Media			
<u> </u>	Businesses (support)	· •• • ·		
	Donation follow-up	<u> </u>		
	other (Churches, organi	zations, etc.)		
COMMUNITY & SPECIAL EVENTS				
Event Planning		Parades		
; ci c	· ·	Breakfast (4 th Thursday of each month) Event coordinator (reach out to events for us to be at)		
	Event coordinator (reac	irout to events for us to be at	,	
TRIP SUPPORT Call Veterans or guardians	Dhotographar or vidaog	Dhotographer or vidaographer (places girale)		
	Donate snacks for flight			
Be a Guardian (application required)				
AIRPORT GREETERS	sponsor w vectom or go	VII VII VII		
Send Off Welcome Home	Assist with Parking	make signs		
ORAL HISTORY	<u> </u>	Ç		
Interviewer Video interview				
OTHER				

For Honor Flight Kern	County Use Only LAST NAME:	_	page 2
Please list the best times for	or you to volunteer – Sunday, Monday, Tuesday, Wednesday, Thursd	ay, Friday, S	Saturday
Morning			
Afternoon			
Evening			
Please list two (2) person	nal references:		
Name			
Address			
City	State	Zip	
	Evening		
	i		
Name			
Address			
City	State	Zip	
	Evening		
PI FASF RFVIFW CA	REFULLY AND SIGN:		
	wledges and agrees that:		
forum, such as the med <i>HFN</i> program. I here relating to said photogractivities through video promotional material and 2. I further state that methat <i>HFKC</i> and the <i>HF</i> travel and other <i>HFKC</i>	the Honor Flight Network (HFN) trips and events, my image dia or a website, to acknowledge, promote or advance the website release the photographer and HFKC and the HFN from raphs. I hereby give permission for my images captured dured, photo, or other media, to be used solely for the purposes and publications, and waive any rights of compensation or owner edical insurance is the responsibility of the veteran, guardian, we will do not hold HFKC and the while participating in the HFKC and the HFN program.	ork of the In all claim ing HFKC of HFKC rship thereto tall risks	HFKC and then and liability and the HFN and the HFN and the HFN and I understand associated with
SIGNED:		/	/
	l be required to sign prior to actual flight date) uardian must also sign and date below:		
	DATE:_	/	/
PARENT/GUARDIAN			
Please mail form to:	Honor Flight Kern County ATTN: Volunteer Application 8200 Stockdale Highway Suite M-10, Box 255 Bakersfield, CA 93311		