

Last Name: _____ Date Received: _____



Volunteer Application

Utah Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities; every little bit helps. Volunteers are responsible for their own trip cost, (prices will vary depending on travel costs). For further information, please contact **Utah Honor Flight** at 435.272-0254 or visit us on the web at <http://www.utahhonorflight.org>



Thank You for your support.

YOUR NAME: _____ NICK NAME: _____
(As it appears on your driver's license or government ID) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION: _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ GENDER: ___M ___F

ARE YOU A VETERAN? ___YES ___NO. If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. There are several volunteer opportunities. Please indicate all areas of interest to you:

ADMINISTRATIVE SUPPORT Administrative

___ Assistance – In Office Administrative

___ Assistance – From Home

OUTREACH

___ Informational Booths

___ Speaker's Bureau

SPECIAL EVENTS

___ Event Planning

___ Fundraisers

TRIP SUPPORT

___ Contact Veterans

___ Ground Transportation in Departure City

___ Airport Check-In Assistance

___ Guardian (Completed separate application required.)

5. Please list the best times for you to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

6. Please list two (2) personal references:

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers – Day: _____ Evening: _____

Relationship to applicant: _____

Name: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers – Day: _____ Evening: _____

Relationship to applicant: _____

