



FOR OLD GLORY HONOR FLIGHT USE ONLY
DATE ____/____/____

OLD GLORY HONOR FLIGHT VOLUNTEER Application

This application is for those who wish to help *Old Glory Honor Flight* achieve its goal of flying WWII veterans to Washington DC to see their memorial. Volunteers of *Old Glory Honor Flight* help in many ways by; fundraising, logistical duties, clerical tasks, etc. Without the help and hard work of caring volunteers, we could not provide our vets with their *TOUR OF HONOR*.

If you are interested in becoming a guardian for a future flight, please fill out the **GUARDIAN APPLICATION**; do not use the **VOLUNTEER APPLICATION**.

For more information, please contact us at 1-888-6FLY-VET or visit us at www.oldgloryhonorflight.org

YOUR FULL NAME: _____ NICK NAME? _____
(PLEASE PRINT YOUR FIRST, MIDDLE & LAST NAME)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

DATE OF BIRTH: ____/____/____ PLEASE NOTE: BACKGROUND CHECKS WILL BE COMPLETED ON ALL POTENTIAL VOLUNTEERS.

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR OTHER CRIMINAL OFFENSE OR ARE ANY CRIMINAL CHARGES PENDING AGAINST YOU*? YES _____ NO _____

* CONVICTION OR PENDING CHARGES MAY NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION, HOWEVER, THE CONVICTION FOR THE CRIME WILL BE CONSIDERED AS IT RELATES TO THE VOLUNTEER ASSIGNMENT.

PERSONAL REFERENCES:

1. NAME: _____ RELATIONSHIP: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____ PHONE: _____

PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE: _____

PLEASE TELL US WHAT YOU ARE INTERESTED IN: _____

WHEN YOU ARE AVAILABLE? (DAYS OF WEEK, EVENINGS, WEEKENDS, ETC.) _____

HOW DID YOU HEAR ABOUT OLD GLORY HONOR FLIGHT? _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. I certify that my statements in this application are true and complete. I understand that falsification of this application constitutes grounds for rejection from *Old Glory Honor Flight*.
2. I understand that a criminal background check and information received from this application will be used for determining my eligibility for volunteering.

SIGNED:

_____ Date: _____

Please submit this form to:

OLD GLORY HONOR FLIGHT INC.
ATTN: DIANE MACDONALD
4650 W. SPENCER ST
APPLETON, WI 54914

ONCE WE REVIEW THIS INFORMATION YOU WILL BE CONTACTED BY THE OLD GLORY HONOR FLIGHT VOLUNTEERS AND WE CAN DISCUSS A MEANINGFUL VOLUNTEER OPPORTUNITY FOR YOU. QUESTIONS? PLEASE CALL 1-888-6FLY-VET AND LEAVE A MESSAGE. ONE OF OUR VOLUNTEERS WILL RETURN YOUR PHONE CALL AS SOON AS THEY ARE ABLE.

revised 1/19/2010