VOLUNTEER APPLICATION

Legal Name _____ Nickname _____ Date _____
Address_____ Town _____ State ___ Zip _____
Email _____ Cell _____ Landline _____
Date of birth: Month/Day/Year _____ *(e.g. April 23, 1987)* Gender: ___ Female ___ Male

Occupation: _____ Currently working? ___ Yes ___ No; Retired? ___ Yes ___ No

Tee Shirt Size: *Please Circle* XS S M L XL 2X 3X

Do you have any physical limitations of which we should be aware? (e.g., lifting, bending) ___ Yes ___ No
If yes, please indicate:

_____

Are you a veteran? ___ Yes ___ No If yes, please indicate branch of service, and when and where you served:

_____

We have many volunteer opportunities. Please indicate below all areas of interest to you:

Administrative
- Event planning
- Grant Writing
- Fundraising
- IT services/experience
- Reunions

Outreach
- Information booths
- Event staff (Meat raffle, golf tournament, etc.)
- Visiting veterans unable to travel

Airport Departure and Welcome Home celebrations
- Coordinator assistance
- Send-off squad
- Welcome home greeter
- Honor Chair Brigade (wheelchairs)
- Veteran letters (connections with schools, VFW posts, etc. helpful)

Health and Safety Assistance*
- Medical professional

**Health and Safety volunteers will need to complete an expanded application.*

Any area of specialty you wish to provide: _____

How did you learn about Honor Flight? _____

As photographic and video equipment are frequently used to memorialize and document Honor Flight/Buffalo-Niagara Honor Flight trips and events, his/her 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/ Buffalo-Niagara Honor Flight program. I hereby release the photographer and Honor Flight/Buffalo-Niagara Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight/Buffalo-Niagara Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight/Buffalo-Niagara Honor Flight promotional material and publications and waive any rights or compensation or ownership thereto.

I further understand that Honor Flight/Buffalo-Niagara Honor Flight does not provide medical care. I understand that I accept any risks associated with travel and other Honor Flight activities and will not hold Honor Flight/Buffalo-Niagara Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight/Buffalo-Niagara Honor Flight program.

Signature: _____ Date: _____
If under 18 yrs, please have legal guardian sign: _____

Submit application to: Buffalo-Niagara Honor Flight, 338 Harris Hill Road, Suite 101, Williamsville, NY 14221
REV. 9/28/26