	FOR HONOR FLIGHT USE ONLY	Last Name:	Date Received:	
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## 2024 Volunteer Application for Honor Flight

Honor Flight would not be successful without the dedicated help provided by the volunteers.

Assistance is required from office management and clerical support to day of event 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!

NAME:	DATE:
ADDRESS:	
	TATE: ZIP:
PHONE: Daytime: Evenin	g: Mobile:
E-MAIL ADDRESS:	Age:
OCCUPATION:	ARE YOU A VETERAN? Yes No (Please Circle)
If you were a veteran, please indicate which BRANCH of	service, along with WHEN and WHERE you served:
How did you learn about Honor Flight?	
Please list any prior volunteer experience:	
3. There are several volunteer opportunities. Please ind	icate all areas of interest to you:
ADMINISTRATIVE ASSISTANCE  Administrative Support  Graphic Support	If needed, would you be interested in traveling to Washington D.C. on the day of the trip either as a volunteer or as a guardian?
Photographic and/or Video Support	Yes: No:
SPECIAL EVENTS	Shirt Size:
Event Planning	Emergency Contact: Name:
Fundraisers	Phone Number:
TRIP SUPPORT	
Contact Veterans and/or Guardians	
Ground Transportation	
Departure and/or Return Assistance	
Guardian (Completed separate applicati	on required)
Medical	

Send completed form by MAIL to: Honor Flight Philadelphia, P.O Box #003, Broomall, PA 19008