



Honor Flight Southern Arizona (HFSAZ) Volunteer Application

Please complete and submit all three pages of this form with required signature(s) as soon as possible to:

Mail to:
Honor Flight Southern Arizona
Attn: Volunteer Application
P.O. Box 35364
Tucson, AZ 85704

Scan & Email:
info@honorflightsaz.org
or
Confirm all 3 pages have been sent

Note: If completing the form electronically, please save the document to your computer first before printing.

Your Name (As it appears on your government issued ID): _____

Nickname (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary phone: _____ Cell Home Work

Secondary phone: _____ Cell Home Work

Email: _____

Date of birth (Month/Day/Year): ____/____/____ Weight: _____ Height: _____

Gender: M F Other _____ Shirt size: S M L XL XXL XXXL

Are you a veteran? Yes No Grade/Rank: _____ Branch: _____

If yes, select one: Active Duty Reserves/National Guard Retired Former Military (not retired)

If yes, when/where have you served: _____

How did you hear about Honor Flight SAZ? _____

Why are you volunteering for Honor Flight SAZ? _____

Please list your current work experience (if retired, please list your most recent work experience):

Organization: _____ Title: _____ Dates (from/to): _____

Primary responsibilities/accomplishments _____

Can you lift 50 pounds? Yes No

Can you push a wheelchair all day? Yes No

Can you easily maneuver in tight spaces to assist veterans in need? (Airplane, bathrooms, charter bus) Yes No

Fill out medical questions below if participating in a flight.

Please list all allergies: _____

List all current medications: _____

Do you smoke? Yes No

Do you have diabetes? Yes No

If yes, how do you control it? Insulin Pill Diet controlled

Do you currently have, or have you had a history of heart problems? Yes No

If yes, please explain: _____

Do you have a history of seizures? Yes No

If yes, please describe: _____

When was your last seizure? _____

Do you have any physical disabilities or limitations? Yes No

If yes, please describe: _____

Do you have motion sickness? Yes No

Other medical or health concerns not previously disclosed: _____

Dietary restrictions? Yes No

Physician's name: _____ Phone: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone - Cell: _____ Home: _____ Work: _____

Please list one personal reference (not a relative).

Name: _____ Phone: _____

Relationship: _____ Email: _____

HONOR FLIGHT SOUTHERN ARIZONA RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Southern Arizona Corp, an Arizona not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Southern Arizona"). In consideration of and as a condition of Honor Flight SAZ permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to the COVID-19 virus or to my own health issues and fully release Honor Flight SAZ from all such liability relating to same.
- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight SAZ for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight SAZ, and agree to discharge, defend, indemnify and hold Honor Flight SAZ harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) The information I have provided is complete and accurate. I understand that the Honor Flight SAZ (HFSAZ) Medical Team will review my application and health history. HFSAZ must medically approve all Veterans and Guardians to participate. I agree to notify HFSAZ immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the HFSAZ Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFSAZ.
- (iv) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight SAZ, and agree to defend, indemnify and hold Honor Flight SAZ harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (v) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight SAZ that I agree that venue and jurisdiction is limited to that of the Courts in Pima County Arizona and or the United States District Court for the Northern District of Arizona law shall govern.

I hereby, authorize Honor Flight SAZ the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight SAZ as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Date: _____ Signature: _____

Print name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Please print this form out in its entirety and mail or scan & email the completed document to Honor Flight SAZ.

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