

**Earth Angel application**  
Please print or type all entries



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Night: \_\_\_\_\_ ext. \_\_\_\_\_

Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

Job Skills: What would you most like to volunteer for?  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Are you a pilot? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your spouse a pilot? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak a language other than English? (Specify) \_\_\_\_\_

How did you hear about Angel Flight? \_\_\_\_\_  
\_\_\_\_\_

Many Angel Flight members lend valuable assistance beyond mission piloting and co-piloting. Please indicate below how you might be able to help.

Fundraising _____	Mission coordination _____	Computers _____
Member meetings _____	Telephone work _____	Graphic Arts _____
Writing (grants, articles, etc.) _____	Speaker's Bureau _____	Celebrity contacts _____
Flight Standards _____	Executive Board _____	Clerical _____
Public relations _____	Pilot recruitment _____	Other _____

Civic, fraternal or professional organizations joined \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned applicant, hereby affirm that all information I have provided with this form is accurate and correct. Membership in Angel Flight is a privilege, and I understand it is subject to revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After your application is approved, Angel Flight will send you a membership kit and add your name to our roster. You will begin to receive our publications and will be actively recruited for Angel Flight duties.

**Mail to:**  
Director of Volunteer Services  
Angel Flight SE  
8864 Airport Boulevard  
Leesburg, Florida 34788  
(352) 326-0761