

**MERCY FLIGHT, INC.
VOLUNTEER APPLICATION**



Date: ____/____/____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ Home or Cell? E-Mail Address: _____

Best Day of the Week and Time to Contact You: _____

Have You Filed an Application With Us Before? Yes No Have You Been a Volunteer Here Before? Yes No

When are you able volunteer? Weekdays Weeknights Weekends (check all that apply)

What are you interested in doing? Speak to groups Help at community events Facility tours _____ (check all that apply)

Do you have any specialized skills that may be relevant (medical training, pilot, artist, musician, etc.)? _____

If you have worked in any previous volunteer positions under another name (ie: maiden name), please list to facilitate background checks:

Name: _____ @ Agency/Employer: _____

Name: _____ @ Agency/Employer: _____

VOLUNTEER EXPERIENCE		<i>(List most recent first)</i>		
FROM Mo. ____ Yr. ____ TO Mo. ____ Yr. ____ TOTAL Yrs. ____ Mos. ____	NAME OF AGENCY	ADDRESS		CITY
	STATE	AGENCY PHONE#	YOUR TITLE	
	DESCRIBE YOUR VOLUNTEER ROLE:			
	REASON FOR ENDING VOLUNTEER POSITION:			
FROM Mo. ____ Yr. ____ TO Mo. ____ Yr. ____ TOTAL Yrs. ____ Mos. ____	NAME OF AGENCY	ADDRESS		CITY
	STATE	AGENCY PHONE#	YOUR TITLE	
	DESCRIBE YOUR VOLUNTEER ROLE:			
	REASON FOR ENDING VOLUNTEER POSITION:			
CURRENT EMPLOYER				
FROM Mo. ____ Yr. ____ TO Mo. ____ Yr. ____ TOTAL Yrs. ____ Mos. ____	NAME OF EMPLOYER	ADDRESS		CITY
	STATE	AGENCY PHONE#	YOUR TITLE	
	DESCRIBE YOUR PRIMARY DUTIES:			

**MERCY FLIGHT, INC. (WESTERN NY)
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EDUCATION

CIRCLE THE HIGHEST GRADE YOU COMPLETED IN GRAMMAR SCHOOL - 1 2 3 4 5 6 7 8

	NAME OF SCHOOL AND CITY IN WHICH IT IS LOCATED	DAY OR NIGHT	FULL OR PART TIME	NO. OF YEARS CREDITED	DID YOU GRADUATE	TYPE OF COURSE OR MAJOR SUBJECT	NO. OF COLLEGE CREDITS REC'D	DEGREE REC'D
HIGH SCHOOL								
COLLEGE UNIVERSITY, PROF. OR TECH. SCHOOL								
OTHER COURSES OR SPECIAL COURSES								

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO

SERVICE BRANCH _____ FINAL RANK _____

DATE ENTERED ___ / ___ / ___ DATE SEPARATED ___ / ___ / ___

WERE YOU EVER DISMISSED FROM ANY VOLUNTEER POSITION YES NO

FOR DISCIPLINARY REASONS? (If answer is YES, give full particulars) _____

EXCEPT FOR MINOR TRAFFIC VIOLATIONS AND ADJUDICATIONS AS YOUTHFUL YES NO

OFFENDER, WAYWARD MINOR OR JUVENILE DELINQUENT, HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?

(IF YOUR ANSWER IS YES, LIST THE OFFENSE, LOCATION, DATE AND DISPOSITION) _____

DO YOU HAVE A VALID NYS DRIVER'S LICENSE? [] YES [] NO

COMMENTS

TYPE: _____

CLASS: _____

LIST ALL TRAFFIC VIOLATIONS WITHIN THE LAST

3 YEARS: _____

Please list 3 references - include at least one personal reference and one professional reference.

Name: _____ Phone: _____ Yrs. Known: _____ [] Personal [] Professional

Name: _____ Phone: _____ Yrs. Known: _____ [] Personal [] Professional

Name: _____ Phone: _____ Yrs. Known: _____ [] Personal [] Professional

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It is understood and agreed that any misrepresentation by me in this volunteer application will be sufficient cause for cancellation of this application and/or termination of a volunteer position from Mercy Flight, Inc. Furthermore, I understand that just as I am free to resign at any time, Mercy Flight, Inc. reserves the right to terminate me from my volunteer position at any time, with or without cause and without prior notice. I understand that no representative of Mercy Flight, Inc. has the authority to make any assurances to the contrary.

I give Mercy Flight, Inc. the right to investigate all references and to secure additional information about me, if related to the volunteer position. I hereby release from liability Mercy Flight, Inc. and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Mercy Flight, Inc. is an equal opportunity employer and does not discriminate in offering volunteer positions. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for volunteer positions on a basis prohibited by local, state or federal law. All applicants will be considered for volunteer positions equally, without regard to their race, color, sex, sexual orientation, religion, national origin, veteran status or disability as provided in the Americans With Disabilities Act.

This application is current for only 60 days. After 60 days, if I have not heard from Mercy Flight, Inc. and still wish to be considered for a volunteer position, it will be necessary for me to fill out a new application. Receipt of this application does not imply that the applicant will be selected for a volunteer position.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

Please return completed and signed applications to:

Mercy Flight Inc.
Director of Development
Flying Tigers – Buffalo Niagara International Airport
100 Amherst Villa Road
Buffalo, NY 14225-1432

or fax to:
716-626-4106