

VOLUNTEER APPLICATION



Extending To You The Opportunity Of Volunteering With Us In
Providing Lifesaving Assistance To Disaster Victims, And Life
Changing Solutions To All People, Worldwide.

"The World's Humanitarian Logistics And Air Transportation Provider"

International Headquarters: P.O. Box 90452, Los Angeles, CA 90009
Phone: 800-637-2945 E-mail: info@mercyairlift.org Website: www.mercyairlift.org

GENERAL INFORMATION

Date: ____/____/____

Legal Name: _____

Home Address: _____

Phone Number: () _____

City: _____

Work: () _____

State: _____ Zip: _____

Cell: () _____

Birthdate: ____/____/____ Social Security Number: _____

Fax: () _____

Spouse name: _____

E-mail: _____

Emergency Contact: _____

Phone Number () _____

Work: () _____ Relationship: _____

Do you have any physical limitations or medical conditions that would prevent you from safely doing the task you are applying for?

How did you hear of Mercy Airlift? _____

MERCY AIRLIFT, INC., CONDUCTS ITS OPERATIONS IN A 'DRUG FREE' ENVIRONMENT. *

*** Covered Positions Require Drug Testing.**

EMPLOYEMENT INFORMATION

Are you currently Employed? Yes ____ No ____ . If so, Please complete the following.

Company / Agency: _____ Phone: () _____

Address: _____ Supervisor: _____

City: _____ State: _____ Zip: _____ Country: _____

Position Title: _____ Employment Dates: From _____ To _____

Responsibilities / Duties / Special Projects: _____

EDUCATION AND EXPERIENCE

Education: (Major Subjects): _____

Foreign Languages: _____

Previous international or cross-cultural relief work / medical services / travel experience.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Country

Type of Experience

Dates

INTERESTS & EXPERIENCE

Days of the week available:

Monday Tuesday Wednesday Thursday Friday Saturday

Nights: Yes No

Time of Day Available: _____ to _____. Monthly Hours Available: _____.

Skills, Work Experience, that Relate to the Mission of Mercy Airlift:

- | | | | | |
|--------------------------------------|--|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Communications | <input type="checkbox"/> Construction | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Flight Operations | <input type="checkbox"/> Fundraising | <input type="checkbox"/> General Office | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Languages | <input type="checkbox"/> Logistics | <input type="checkbox"/> Medical Fields | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Special Events | <input type="checkbox"/> Warehousing | <input type="checkbox"/> Other* | |

Are you available to Travel: Yes No.

*List other skills not mentioned above that you may be able to provide. _____

Please List your Education and Training: _____

Have you provided your services to a volunteer organization in the Past? Yes No If Yes, for Which Organization(s).

In What Capacity. _____

Do you have Overseas Experience? Yes No. If so, in what country and what type of service. _____

What type of Medical Certification do you Hold? _____

Physician Nurse EMT/Paramedic Dentist Registered Hygienist Other _____

Certification / Medical License Number: _____

Passport Number: _____ . Expiration Date: _____

What type of Airman Certificate do you Hold? _____ . Certificate Number: _____

Class of Medical Certificate: _____ Expiration Date: _____ . BFR Due: _____

ADDITIONAL COMMENTS: _____

Use additional paper and attach to this application, information that you believe to be helpful in our assessment of your qualifications.

DECLARATION: I affirm that all statements herein are true and accurate to the best of my knowledge and My ability to answer, and I authorize Mercy Airlift to check the information on this application, which is necessary to complete the process.

Signature of Applicant

Date

Agreement and release for all potential Volunteers

I am applying for volunteer service for Mercy Airlift, Inc., whose primary purpose is to provide humanitarian aid, relief, and lifesaving services through disaster response, and life changing services to all needy people throughout the world.

I certify that all statements made in my application and description of work history are true, accurate and complete. I also certify that I have been asked to list additional information concerning myself which is not listed on the application. I hereby expressly authorize Mercy Airlift, its officers, agents and employees, to investigate in any manner they deem appropriate, at their sole discretion, my medical, health, education, employment, community service or professional background, public or private records including but not limited to law enforcement and court records and personal references. I further consent to and authorize Mercy Airlift to communicate with any and all of my previous or current employers, relating to my work record and experience.

Dated this _____ day of _____, 20____. Applicant's Signature _____

**Mercy Airlift, Inc., General Release for
Volunteers Serving In the United States and Abroad**

In consideration of Mercy Airlift, Inc., arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE MERCY AIRLIFT, INC., its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with Mercy Airlift, Inc., whether or not due to Mercy Airlift, Inc., negligence, strict liability, or any other breach or fault.

This includes, but is expressly not limited to death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss, or cost.

This document shall be construed according to the laws of the state of California. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

The General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations, or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

Dated this _____ day of _____, 20____. Applicant's Signature _____