



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

Or Fax to: 352-326-9360
Or Email to: info@mercyemail.org

Contact Phone: 352-326-0761