



Application for Flight Assistance

Contact Information

Name (<i>first, last</i>)	
DOB	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Flight Specifics

Number of people requesting flights? _____

Passenger 1

Name (<i>first, last</i>)	
DOB	

Passenger 2

Name (<i>first, last</i>)	
DOB	

Passenger 3

Name (<i>first, last</i>)	
DOB	

Passenger 4

Name (<i>first, last</i>)	
DOB	

Travel dates:

Are your dates flexible?

Departure Airport: _____

Destination Airport: _____

Camp you plan on attending?

Name	
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Street Address	
Founder's Name	
Founder's Phone	

Do you have a spot reserved at this event? (*circle one*) Yes No

Does Giving to Fly have your consent to contact the Founder for additional info? (*circle one*) Yes No

Interests

What sort of personal fundraising have you done for this event?

Administration	Newsletter production
Events	Volunteer coordination
Field work	Other (please specify)
Fundraising	_____

Skills and Qualifications

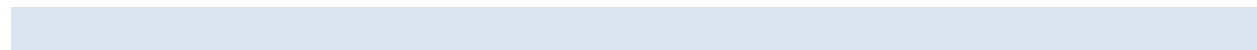
Giving to Fly requests that you write an essay of how this event will change your life; what attending this event will mean to you and how it will enrich your life. **Please attach separately to your application** (*Children under 12 may have their parent/guardian complete the essay*)

Previous Volunteer Experience

Summarize your previous volunteer experience (*if applicable*).

Person to Notify in Case of Emergency

Name and Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	



Media Consent

Please sign below for permission to use photography and/or videos taken at events on website, social media, or printed materials etc.

By signing below you acknowledge that your information will be shared with but not limited to volunteers, board members, and any third party associated with Giving to Fly. Each Attendee must sign below including minors.

Name (Print Clearly)	Signature	Date
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Name (Print Clearly)	Signature	Date
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Name (Print Clearly)	Signature	Date
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Parent consent for minor children

Relationship to child	Name (Print Clearly)	Parent Signature	Date
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Our Policy

Please read and initial all of the following statements:

_____ If you do not make the flight granted, resulting in loss of funds or flights, you will not be eligible in the future for a Giving to Fly grant or assistance. We will not re-book or re-pay you for costs associated with rebooking or catching another flight.

_____ I understand as a grant recipient I will not be able to choose preferred flights. Giving to Fly will do our best to get the most cost efficient flights; this may result in a layover or multiple stops.

_____ Giving to Fly is not liable for an accident or incident that may occur while on this trip. Once approved for a grant, a full liability waiver will need to be signed before your flight is purchased.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in Giving to Fly.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and refusal of grant; and potentially having to repay the grant received under false statements and omissions.

Name (Print Clearly)

Signature

Date

Please send completed application, liability release form and essay to:

Giving to Fly
20209 103rd PL NE
Bothell, WA 98011

Any questions, please contact Jenna Powell at 206-550-6167

Please complete and return this application by the specified deadline date noted on Giving to Fly's website pertaining to the camp or event desired. Failure to do so, will result in a denial of flight assistance, as well as a 3 month waiting period before you are able to re-apply for assistance.

Note: You **MUST** mail the completed application and liability release form along with the requested essay to the address above. Giving to Fly will **NOT** accept any applications that are scanned or e-mailed.

Giving to Fly will do our very best to have an application response within 4 weeks of receiving the completed application.