



PILOT APPLICATION
PLEASE PRINT OR TYPE ONLY!

Name (First/Middle Initial/Last) _____ Date _____

Street (or P.O. Box) _____

City _____ ST _____ Zip _____

Day Phone _____ Night Phone _____

FAX _____ Cell _____

Business Name: _____ Birthdate: _____

Email (REQUIRED) _____

General Pilot Information:

Flying Time Total Years: _____ Total Hours: _____ Total IFR Hours: _____

Pilot Certificate (License) # _____ :

Base Airport: _____ Airport Identifier _____ FBO _____

Aircraft Information:

Own Rent Make _____ Model _____ Call Sign N

Single Multi Jet Turbo Prop IFR Cert. Pressurized

Wt. Capacity _____ (lbs) Seats _____ Speed _____ (knots) Range _____ (hrs) Hourly Cost \$ _____

(Available for passengers & baggage)

I AM AM NOT USUALLY AVAILABLE FOR FLIGHTS DURING NORMAL BUSINESS HOURS.

I AM AM NOT USUALLY AVAILABLE FOR FLIGHTS DURING EVENINGS.

I AM AM NOT USUALLY AVAILABLE FOR FLIGHTS DURING THE WEEKENDS.

Length of flight willing to fly: Minimum miles _____ Maximum miles _____

GivingFlite Golf Shirt (check desired size) _____Medium _____Large _____XLarge

I understand and acknowledge that by agreeing to fly and by flying missions and patients requested through GivingFlite, Inc I am neither an employee nor an agent of GivingFlite, Inc and that I do so purely as a volunteer. As part of my volunteer status, I agree that I am fully responsible for each mission I fly. Before each mission I agree to verify that the aircraft I am using is airworthy and has a current annual/periodic inspection, that there is current liability insurance in effect for that aircraft and pilot, and that my medical certificate and pilot requirements are current for that mission. I also agree to have each passenger on each mission sign a Waiver of Liability form before each flight.

I agree to indemnify and hold harmless GivingFlite, Inc against any claims or suits arising out of my failure to comply with the above.

Applicant's Signature

Date