

I AM USUALLY AVAILABLE FOR FLIGHTS:

PLEASE CHECK ALL THAT APPLY:

	Yes	No
During normal business hours without advance notice	_____	_____
During normal business hours with advance notice	_____	_____
During early evening, landings before midnight	_____	_____
During late evening and late night	_____	_____

SUPPORT ACTIVITIES

From time to time Angel Flight needs leaders or assistance in fund raising, public education, and representation at conferences such as AOPA, Air shows etc. If you would like to use your skills and experience in any of these areas, please check the appropriate box or boxes below.

Fund raising Public Education Air Shows and Conferences

INSURANCE COVERAGE

AIRCRAFT OWNERS: Aviation liability insurer _____

Policy # _____ Amount of liability coverage \$ _____

I certify that my insurance policy referred to above is currently in effect and that my insurance will remain in effect whenever I fly for Angel Flight Mid-Atlantic. _____(initial)

AIRCRAFT RENTERS OR BORROWERS:

I certify that I personally have liability insurance that covers my use of rented or borrowed airplanes, and that I will always have similar liability insurance in effect while flying for Angel Flight Mid-Atlantic in rented or borrowed airplanes. _____(initial)

The plane owner’s liability insurance ___ will ___ will not cover Angel Flight Mid-Atlantic flights. _____(initial)

In accepting a referral from Angel Flight Mid-Atlantic, I agree to provide transportation at no cost to those we serve. When I accept a referral, I do so as a volunteer pilot, not as an employee of Angel Flight Mid-Atlantic. I will only accept a referral provided that all my certifications and medical are current and valid. I agree to abide at all times by applicable Federal Aviation Regulations in the conduct of the flight, and to provide transportation in an “airworthy” aircraft, as defined by the Federal Aviation Regulations. In addition, I certify that before accepting any referral, I will have in force a liability policy covering myself, and my aircraft for not less than 1,000,000. I recognize that I am considered as “Pilot in Command,” and that all decisions with regard to any flight conducted by me are mine alone. I agree to always remember that safety comes first. In accepting a referral and in providing transportation, I release, indemnify and hold harmless Angel Flight Mid-Atlantic and Mercy Medical Airlift, from any liability that might arise from my actions.

Mail this form, with a photocopy of your Pilot License Including instrument certification, current medical and the “total time” PIC and instrument from log book.

Signature and Date

Angel Flight Mid-Atlantic
4620 Haygood Rd., Ste 1
Virginia Beach, VA 23455

Print Name

Angel Flight Mid-Atlantic is a Virginia non-profit charitable corporation, providing a means of charitable air transportation of those in need. Angel Flight Mid-Atlantic is exempt from taxes under section 501(c)(3) of the federal tax code. Donations to AFMA are tax deductible.