



EARTH ANGEL APPLICATION

Please complete the application below.

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

WHAT IS THE BEST NUMBER TO REACH YOU DURING THE DAY? _____

HOME TELEPHONE: _____ OFFICE: _____ CELL: _____

PAGER: _____ E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ In case of an emergency, please list two contact people:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

1. DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXP: _____

2. REGISTRATION NUMBER: _____

3. MAKE & MODEL: _____ COLOR: _____

4. INSURANCE COMPANY: _____ POLICY NUMBER: _____

5. Have you been involved in an automobile accident or received a traffic violation unrelated to parking, within the last five years? If yes, please explain the circumstances: _____

6. What airports would you be willing to drive patients to/from:

Rochester Syracuse Buffalo-Niagara Intl. Niagara Falls Intl.

7. Do you speak a second language and if so, which one? _____

I declare that all of the information I have provided is true and agree to release, indemnify and hold harmless, Angel Flight of New England, Inc. d.b.a. Angel Flight Northeast and its officers, directors and volunteers from any and all liability that may arise from my action.

Applicant's Signature

Date

Please submit a copy of your motor vehicle Certificate of Insurance and your driver's license with this application and mail to:

Angel Flight Northeast
Lawrence Municipal Airport
492 Sutton Street
North Andover, MA 01845

Phone: 978.794.6868

Fax: 978.794.8779

E-mail: angelflight@angelflightne.org