



## ***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. Please circle all airports you are willing to drive patients to/from:

Republic (Farmingdale)

Mac Arthur (Islip)

Gabreski (Westhampton Beach)

East Hampton

Brookhaven (Shirley)

Montauk

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](mailto:angelflight@angelflightne.org)