



# EARTH ANGEL APPLICATION

Thank you for your interest in becoming a volunteer driver in our Earth Angel Program. Please complete the application below.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

WHAT IS THE BEST NUMBER TO REACH YOU AT 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 in the New York City area:

Caldwell Linden Morristown Teterboro Farmingdale (Republic) White Plains

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. dab 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: 979- 794-8779 E-mail: [angelflight@angelflightne.org](mailto:angelflight@angelflightne.org)