It shouldn’t take a miracle to get to the medical care you need … but it may take a few angels!
# Angel Flight NE Pilot Manual

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Dear Fellow Pilot:

On behalf of the many children, adults and members of their families for whom we provide much hope, compassion and healing . . .

**Welcome to the Angel Flight Team.**

Your decision to become an Angel Flight pilot will very likely result in one of the most personally rewarding experiences of your life, as it has for so many other Angel Flight pilots. Sharing your joy of flying with others who so greatly benefit from the transportation that Angel Flight provides for those with serious medical needs really can’t be adequately described. But you’ll feel it during every Angel Flight mission you fly.

In acknowledging your commitment to the work of Angel Flight, it is my pleasure to share with you that Angel Flight NE has obtained much needed significant financial assistance from our many corporate sponsors, Hasbro, Jet Blue, Hewlett Packard, Phillips 66, Cape Air, Pen Air, Phillips Health Care, NE Porsche Club, and World Fuel generously decided to support Angel Flight NE to facilitate its mission and to publicly recognize the enormous contribution of time and talent provided by private pilots like you, who make this mission a reality on a daily basis for the individuals we fly.

Again, thank you for joining the Angel Flight NE team, and look forward to meeting you personally.

Warmest regards,

Larry Camerlin
President, Co-Founder and Angel Flight Northeast Volunteer Pilot
Angel Flight NE Overview

What is Angel Flight NE?
Angel Flight NE (Northeast) is an association of volunteer pilots and non-pilots dedicated to serving the community by providing free transportation in private aircraft to financially limited people with health care problems. Angel Flight also provides transportation for health care agencies and organ tissue banks.

Angel Flight pilots participate in The Homeland Security Emergency Air Transportation System (HSEATS), which flies high priority cargo and key personnel wherever needed to respond to local or national disasters or tragedies.

Angel Flight provides a unique opportunity for both pilots and non-pilots to combine their love of flying with high-value volunteer community service.

Angel Flight is a tax exempt, nonprofit, 501 (c) (3) organization and is a member of the Air Charity Network.

Who Does Angel Flight Transport?
Angel Flight provides transportation to people whose medical problems make it necessary for them to travel for diagnosis or treatment, but who lack the financial means for transportation due to the monetary strain of long-term illness.

Angel Flight also carries, without regard to financial need, people whose condition or location makes it difficult or impossible for them to use other means of transportation. Typical Angel Flight missions include transporting children and adults for chemotherapy, surgery, special diagnostics or follow-up treatment for various medical conditions. Angel Flight also transports corneas, blood, organs and other tissues, sometimes with accompanying medical staff.

Children and adult patients flown by Angel Flight must be ambulatory and medically stable. They must be able to get in and out of an aircraft with little or no assistance, sit up for the duration of the flight, and not require medical treatment during the flight.

Patients often have a friend or family member accompany them, and with prior Angel Flight approval they may be accompanied by a nurse or carry DOT approved oxygen cylinders or other supporting medical equipment.

Who Are Angel Flight’s Members?
Angel Flight members consist of both pilots and non-pilots whose common interests are flying and helping others.

Non-pilot members are very welcome. Earth Angels provide ground transportation between the FBOs and the medical facility. Other volunteers contribute to community outreach, fund raising, event planning, and pilot recruitment. There is also a substantial amount of on-the-ground work for which everyone’s help is valuable and appreciated.

Where Do the Calls Come From?
Most requests for Angel Flight services come from people who need us, their families and friends, social workers, doctors, health care agencies, and discharge planners at hospitals. Some come from charitable organizations such as the American Cancer Society, The American Heart Association and the Visiting Nurse Association. We also get referrals from Corporate Angel Network (CAN) and other Air Charity Network members.
What Kind of Aircraft Does Angel Flight Use?
Aircraft used for Angel Flights are typically single or twin-engine, propeller-driven aircraft. They range from relatively simple single-engine airplanes to very sophisticated pressurized, cabin-class aircraft.

Where Does Angel Flight Fly?
Angel Flight’s Northeastern office serves people in New England, New York, New Jersey, Pennsylvania and some parts of Canada. We fly people throughout the eastern half of the United States. Most Angel Flight missions are within a 350-mile radius of the pilot’s home base airport. We coordinate with other Angel Flights and commercial airlines to provide nationwide service. We connect with corporate or commercial flights for longer distances. In such cases our role is often to fly a patient from a remote location not served by public transportation to a major airport.

Missions flown for Angel Flight have the same status as any flight made with passengers by a private pilot under Part 91 of the Federal Aviation Regulations and the “Good Samaritan” Act. You have no greater liability when flying a passenger(s) on an Angel Flight mission than when flying a friend or neighbor.

What about Insurance?
All Angel Flight pilots, whether aircraft owners or renters, are required to have liability insurance in order to fly as the pilot in command of a mission. Angel Flight does not carry additional aircraft liability insurance.

Because Angel Flight pilots receive no financial remuneration for their services, the flights are non-commercial and covered under a pilot’s normal liability policy. As an added precaution, all passengers flown by Angel Flight must sign a waiver of liability naming both the pilots and the Angel Flight organization.

Who Pays for the Flights?
The Pilots are responsible for all mission costs. These costs are tax deductible for the pilot as a charitable donation. Many FBOs offer fuel discounts and most airports waive landing and parking fees for pilots on Angel Flight missions.

The passenger(s) is responsible for arrangements and costs for all non-flight needs, including ground transportation and lodging. The Angel Flight pilot incurs no more expense than he or she would incur on an equivalent business or pleasure flight.

What Happens if I Am Unable to Fly a Mission?
A pilot is free to decline any mission, whether for financial, scheduling, weather, or personal reasons. We encourage pilots to recognize their limits, and to fly only when they feel completely comfortable doing so.

When unable to fly as PIC, pilots can participate as copilots.

How Do Non-Pilot Crew Members Participate?
Non-pilot members, known as Earth Angels/Crewmembers provide ground transportation in their own vehicles between the FBOs and the medical facility. Non-pilot/crewmembers also assist Angel Flight within their own areas of expertise and interest, such as public relations, writing, community outreach, fundraising, planning special events and communicating Angel Flight’s information to user agencies.
Pilot Memberships

Angel Flight pilot applicants must hold at least a private pilot certificate with an instrument rating plus any ratings and endorsements required for the aircraft being flown on Angel Flight missions. They must have a minimum of **500 hours** time and a minimum of 25 total hours in the make and model of aircraft being flown for the mission. The applicant must also have a current medical certificate, be current for both VFR and IFR flights, and all aspects of the FARs.

To become an Angel Flight pilot, fill out an application form and mail it to the address shown on the application. You must include with the application photocopies of your pilot certificate, medical certificate, most recent Flight Review as shown in your logbook, the last few pages in your logbook showing total hours and the front page of your insurance policy. (Angel Flight does not have to be listed as an additional insured, so there will be no increase in your insurance cost.) You must also enclose an application fee of $25.00, with the check made out to “Angel Flight NE.” This fee helps defray the cost of processing your application, conducting an orientation session, preparing an ID badge and providing you a pilot manual.

After your pilot application is approved, you will be asked to attend an orientation. These sessions are usually conducted at Angel Flight headquarters at the Lawrence, MA Airport (KLWM)*. We can also have a local experienced pilot conduct a personal orientation. At the orientation you receive a pilot manual. Included are copies of the Liability Release forms used by passengers on Angel Flight missions. These can be photocopied or downloaded from the Angel Flight pilot website.

After completing the orientation a user name and password will be provided to access the AFNE pilot website.

Angel Flight will attempt to arrange your first mission with an experienced Angel Flight mentor pilot so you can directly observe a mission and ask any questions you might have about Angel Flight procedures.

Pilots are responsible for all flight costs related to the mission, including aircraft rental, aircraft maintenance and repairs, insurance, fuel, oil, charts, landing and tie down fees, etc. Some of these costs are income tax deductible as a charitable contribution. In addition, some FBOs offer fuel discounts and most airports will waive or reduce landing and tie down fees for pilots on Angel Flight missions.

Pilots are not responsible for any non-flight related costs, such as ground transportation, meals or lodging for patients or other passengers. Nor are they responsible for arranging ground transportation. Also, pilots are not responsible for assisting passengers entering or exiting their aircraft beyond the assistance they normally provide to able-bodied passengers. The patients must be ambulatory, able to sit up for the duration of the flight and not require medical attention during the flight.

Angel Flight maintains a “pilot availability” list. Pilots are requested to notify Angel Flight if they become unavailable for any reason, and to notify Angel Flight again when they are again available. It is also important for pilots to notify Angel Flight of any new ratings they receive and changes to their mailing address, Email address and telephone numbers.

* After your orientation, on future flights to LWM you can key in your pilot certificate number to open the gate when entering or exiting the ramp
Non-pilot Memberships

Many non-pilots become Angel Flight crewmembers because of their interest in flying and their desire to donate their time and skills to Angel Flight’s mission. Non-pilot members often fly on Angel Flight missions to assist the pilot and give attention to the patients being flown. These members are frequently a friend or the spouse of an Angel Flight pilot.

Non-pilot members, also known as Earth Angels/Crewmembers frequently provide ground transportation, particularly between destination airports and hospitals or other medical facilities. Many of these members are involved in other activities critical to Angel Flight’s success, including fundraising, public relations, community outreach, publicity, celebrity contact, graphic arts, writing, advertising and marketing.

To become a non-pilot crewmember, fill out Sections 1 and 3 on the application form and mail it to the address shown on the application (Section 2 is not required for non-pilots, but please indicate your birth date somewhere on the application.

Angel Flight ID Badges

Both Angel Flight pilots and non-pilot AFNE crew members who have participated in at least one Angel Flight mission are eligible for an Angel Flight photo ID badge. A badge can be requested by sending an email to roger@angelflightne.org. Unless there was an ID photo of you taken during your orientation, be sure to include as an attachment to the Email a color jpeg photo of yourself. The photo should be a head shot, similar to a passport photo, preferably with a medium or navy blue background. There is no charge for the badge.

The ID badge will be supplied with an Angel Flight lanyard that allows it to be worn around your neck. A clip that can be used to attach the badge to clothing is also included.

While Angel Flight crew members are not required to wear an ID badge during Angel Flight missions, they are encouraged to do so. In addition to being an aid for airport security*, the badge identifies the crew as AFNE members to people they come in contact with during their missions, which helps promote community awareness of Angel Flight. The badge can also be useful to pilots when requesting fuel discounts and the reduction or waiving of landing and aircraft parking fees.

* Of course, the pilot and everyone else on board the aircraft must carry appropriate identification for airport security purposes, including at least one photo ID.
Mission Procedures Overview

The Pilot in Command and the Mission Coordinator Work as a Team to Successfully Accomplish an Angel Flight Mission

The Mission Coordinator
1. Gathers patient and passenger information, doctor’s medical clearance and flight information needed by the pilot in command.
2. Informs the pilot in command of mission information by Email, phone or fax and informs passenger that the pilot will call with flight information.
3. Provides documentation when needed for fuel discounts and waiver of fees at participating FBOs and airports.
4. Available 24/7 at 978-794-6868. After normal working hours select option two on voicemail system.

The Pilot in Command
1. Works in conjunction with the Mission Coordinators to provide the safest flight possible.
2. By accepting a flight, self certifies that he (she) and the aircraft are current in all aspects of FAA regulations pertaining to the flight.
3. Calls the patient at his or her earliest convenience. Making a personal introduction and talking about the mission will increase the patient’s confidence in the flight.
4. Performs all flight planning and makes all arrangements for meeting the patient.
5. Contact the patient the night before the flight to confirm arrangements or cancel.
6. Completes the liability release forms and presents them to the passengers. There must be one signed form for every passenger. Use one adult form for one or two adults. Use one adult and one guardian form for a parent-child pair. Forms are available in English and Spanish.
7. Prepares a written weight and balance calculation for the flight.
8. Mails, Faxes, or emails the liability release forms and the weight and balance calculation from the FBO prior to the flight’s departure. Does not take them along in the airplane!
9. Remembers that safety is Angel Flight’s top priority. The pilot in command is the final authority making the decision to depart on schedule, cancel, or delay the flight.
10. Contact the Mission Coordinator if you make any changes or cancel the flight.
11. Takes photos of the patient and passengers, if possible and appropriate. Preferred: One photo inside the aircraft with the patient and passengers only, and one outside photo of pilot(s), patients and passenger.
12. Completes the “Post Mission Report” under “Your Missions” within 48 hours of mission completion. (This is how to get documentation for your tax-deductible contribution!)
Flight Selection

A pilot’s participation in an Angel Flight begins with the selection of a flight.

All of the currently available missions can be viewed on online by logging onto the AFNE pilot website at www.angelflightne.org.

Enter the selection [AFNE Pilot Login] on the top right side of the home page. Your will see a request for your user name and password.

Entering your case sensitive user name and password will open the home page of all available AFNE missions.

For more mission information, click on [View Details]. That will bring up another screen with a summary of the mission information.

Click on [Fly It], which opens a box where you affirm that you meet all minimum standards and appropriate currency requirements established by the FAA. You must affirm that you meet all the pertinent requirements in order to proceed with your selection of the flight.

When you click on the [Affirm] box, the flight will be removed from the open flight list and your request sent to our Mission Coordinator, who will confirm your flight selection, assign the flight to you, and begin the process of getting the full information to you.

If the mission was selected during normal business hours (9:00 A.M. to 5:00 P.M., Monday through Friday), it will usually be assigned to the pilot that same day. Missions selected outside normal business hours will usually be assigned by 10:00 A.M. the next business day.

Urgent missions (Lacking a pilot, usually for the next day) are shown in red. The urgent missions can be viewed by clicking on the [Urgent Missions] tab on the mission section home page.

To unselect a mission after you have requested it by completing the above procedures, call the Mission Coordinators at 978-794-6868.

AFNE pilots are also emailed the available missions list regularly, usually at least once a week. The list is provided in both Excel and HTML formats.

Round trips are listed as two missions, one “out” and the other one “back.” Pilots oftentimes select both missions, particularly if the stay is relatively short (e.g., a doctor’s appointment, chemo therapy or radiation treatment).

If you would like to select a mission that starts or ends at Boston Logan (BOS) but don’t want to fly into Logan, you can fly into Hanscom (BED), Beverly (BVY) or Lawrence (LWM).

Arrangements can be made for Earth Angels to drive the patients to their appointments in Boston. However, generally at least two days’ notice is required to make the arrangements.
**Sequence of an Angel Flight**

1. **Pilot accepts flight from website by selecting [Fly it]**
   The flight will not usually appear under [Your Missions] until after 10 AM the next day.

2. **Flight Coordinator assigns flight to the first pilot requesting the flight.**
   If the flight is not in [Your Missions], check with Coordinators 978-794-6868

3. **Flight Coordinator Emails Mission Report to pilot & tells patient the pilot will call.**
   “Mission Report” has passenger contact and flight info, FBO, departure and destination.

4. **Pilot contacts passenger ASAP.**
   Confirm flight date and time, FBO pickup location, and people on flight.

5. **Pilot contacts passenger night before flight to confirm all information.**
   Inform Mission Controllers of any changes or cancellation.

6. **Multi leg flights (Link Flights)**
   - First leg pilot contacts passenger(s) after receiving the link setup.
   - Each pilot must contact linking pilot to affirm airfield, meeting time, and FBO.
   - Exchange cell phone numbers in case of last minute changes.

7. **Pilot gets a complete weather briefing, checks NOTAMs and TFRs before the flight**
   - Good idea to fill out Liability Form(s) the day before the flight.
   - Fill out envelope: Angel Flight NE  492 Sutton St.  N. Andover, MA 01845

8. **Pilot meets passenger(s) at the FBO**
   We do not normally allow passenger swaps; however, if there is a passenger swap, check wt & bal, inform Flight Coordinator of swap, because it could affect return flight. Each passenger must sign a Liability Release Form. **Don't take the forms on the flight!**

9. **Pilot assists passenger(s) into seats, ensuring belts are fastened.**
   - Provide head sets (if available) and blankets in cold weather.
   - Child seats will be needed according to FAR 91.107. If a booster seat is needed in a car; it is needed in the airplane. Seat will be provided by passengers.

10. **Pilot briefs passenger(s) concerning flight, enroute weather, and a safety briefing.**
    - Explain run-up, use of checklists, and other events of the flight.
    - Turn off all cell phones. Delicately discuss emergency egress

11. **Pilot provides smoothest flight possible.**
    Slow down or change altitude in turbulence. Be smooth and gentle on the controls.

12. **After flight completion, fill out Post Mission Report on line within 48 hours.**
    Pilot section angelflightne.org web site under “Your Missions”

13. **Report any flight irregularities or passenger problems to the Mission Coordinators.**
Flight Assignment

As soon as a mission has been assigned, it will be shown as “Assigned” under “Your Missions” on the AFNE pilot website. The pilot will be emailed a mission report containing contact information for the patient and/or passengers. The report also includes a mission ID number.

Decoding the Mission Number
The first three digits of the mission number indicate the year of the mission. The second three indicate the patient’s ranking in the number of unique patients with missions assigned during that year, and the third number indicates how many times that patient has flown with Angel Flight, including the upcoming mission.

For example, the mission number 208-114-006 indicates that during 2008 this patient was the 114th unique patient flown (i.e., the number 208-114 will be used for all of that patient’s missions). The number 006 indicates that this will be the patient’s 6th Angel Flight.

After a Mission Has Been Assigned
1. As soon as possible after you have accepted a flight you should call the patient and introduce yourself. Making a personal introduction and talking about the mission will increase the patient’s confidence in the flight. This will also prevent unnecessary calls to Angel Flight from patients who become concerned if they don’t hear from the pilot right away.

   The call should include the following points:
   • Arrange the time and place to meet. Explain what an FBO is, and it’s location.
   • Inform passengers of the type, color, and tail number of aircraft.
   • Remind all patients and passengers to have a photo ID in case it’s needed for airport security.
   • If this is a patient’s first Angel Flight, explain that he or she will have to sign a liability release prior to departure. All passengers must sign a liability release form.

   Note: Since the last three digits of the mission number indicate how many Angel Flights the patient has been on, this provides good guidance for your conversation with the patient. Clearly a first-time traveler may have more questions and be more concerned about the flight than someone who has been on several Angel Flights.

2. If the mission is a multi leg/link flight, call the link pilot(s) to make sure there is agreement on the plans for the mission. If any changes are made, notify a mission coordinator.

3. If it becomes necessary to cancel a mission after it has been assigned, the pilot must call AFNE and notify of the cancellation ASAP. This will allow the mission to be relisted so that another pilot can select it.

Do not use email to cancel a flight!
**MISSION REPORT**

**Mission Date:** 2/27/08  
**Mission ID#** 206 - 281 - 010  
**Phone** 607-765-1234  

**ETD:** 17:00  
**ETA:**  
**Alternate Phone:** 607-234-5678c  

**Patient Name:** Kohan, Kimberly  
**Age:** 31  
**Weight:** 85  
**Physician:** Renee Abderhaldes  

**Patient Route of Flight:**  
Start: BKL  
FBO: Million Air  
End: ELM  
FBO: Atlantic Aviation  

**Passenger:** Kohan, Maureen  
**Relation:** Mother  
**Weight:** 140  
**Baggage:** 10  

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**PILOTS: PLEASE COMPLETE THIS FORM PROMPTLY (ON LINE IS BEST) AS WE NEED THIS INFORMATION TO COMPLETE OUR REPORTS AS WELL AS TO COMPLETE YOU “IN-KIND TAX DONATION” FORM**

*Also, please send in any photos that you may have taken of your patients. Thank you.*

<table>
<thead>
<tr>
<th>P.I.C.’s Name:</th>
<th>Hood, Joe</th>
<th>Phone: 585-876-9876</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Pilot’s Name:</td>
<td>Pell, Sandra</td>
<td></td>
</tr>
</tbody>
</table>
| Aircraft Call Sign: | N 210SP | Make: Piper  
Mode: Arrow- N210SP |
| Total Flight Hours: |  
Flight Hours Passenger |  
Total Volunteer Time (Prep, flt, ) |  
Total Mission NM: |  
Total Passenger Leg |  
All Airports Used: | Start: BKL  
ELM |  
| Aircraft Expenses: | RENTED □ | Aircraft Expenses: OWNED □ |
| Hourly Rate: |  
Total Cost Incurred: | $  
Other Mission Expenses Paid: (Landing, Parking, ) |  
If rented DRY, Total Cost Paid for Fuel/Oil: | $  
Purpose |  
Cost: |  
Purpose |  
Cost: |  

*SUBMIT POST MISSION REPORT ON WEB UNDER ”YOUR MISSIONS”*

Feel free to write any notes, or call Mission Coordinators regarding how:  
✦ Flight could have been better for the patient/passengers  
✦ Your experience with Mission Coordination may be improved  
✦ Any amusing anecdotes that you would like to share

**Phone:** 978.794.6868  
**Angel Flight NE**  
**Fax:** 978.794.8779  
492 Sutton Street, North Andover, MA 01845
Multiple Leg Flights/Link Missions

For longer missions the AFNE coordinators will oftentimes attempt to partition the mission into two or even three legs of approximately equal length. This allows two or more pilots to share in a single mission.

While good preflight communications is important for every Angel Flight, it is critical for multiple leg/link missions. All link pilots should have cell phone contacts in case of last minute changes.

It is vital that all the pilots involved and the Mission Coordinators know that the mission is a “go” before the pilots depart. Also, the exact airport, specific FBO and location on the field where the patient transfer will occur at the link airport(s).

Therefore, as soon as a pilot accepts a leg of a multi leg/link mission he or she should contact the other linking pilot or pilots. They should be contacted again on the day of the mission just prior to the first aircraft’s departure from the originating airport to verify that everyone involved is in agreement about how the mission will be conducted, FBOs used, meeting times, and contact information.

The Leg one pilot is the only pilot required to contact the patient or passenger(s). All pilots should contact each other to coordinate the flight.

Mission coordinators will Email or Fax the Multi leg/Link Setup Form to you once all pilots are assigned for the mission.

Any pilot changes regarding FBOs, airports, and time must be coordinated with the Mission Coordinators.
MULTI LEG/LINK MISSION SETUP

Mission Date: 3/16/200  Coord: AFNE  Mission #: 208-071-002  Physician Name: Michael Rutter
Patient Name: Baresker, Stan  Med. Release Held By:  
Address: 448 Main Street  Med. Condition: Compassion Flight
City: English Town  State: NJ  ZIP: 07726
Home Phone: 765-456-9876  Work Phone: 765-789-9595c

MISSION DETAILS:

LEG 1  FROM ETD  TO ETA
LUK 10:00  LBE 12:00
Airport Name: Lunken Field  FBO: L J Associates
Phone: 513-871-2020
Comments:

LEG 2  FROM ETD  TO ETA
LBE 12:30  BLM
Airport Name: Westmoreland County  FBO: L J Associates
Phone: 724-537-0520
Comments:

PASSENGER & LOADING INFORMATION

Patient: Baviskar, Satish  Weights: 155
PAX #1: 0
PAX #2: 0
PAX #3: 0
PAX #4: 0

Baggage: 30  COMMENTS
Medical  Satish's cph: 732.718.9695
Equip: Lodging: Ronald McDonald House; ph: 513.636.3002

TOTAL WEIGHT: 185

ASSISTING AGENCY NOTIFIED
Who: AFMA 800-296-3797  Date: 
Who:  Date: 
Who:  Date: 

FINAL NOTIFICATION DATES
Pilot: 3/7/2008  Patient: 
Connecting Agency: 3/7/2008

NOTES

Angel Flight NE  13  Pilot Manual
The Flight

The Pilot in Command is the Final Authority on Whether the Mission Is Flown as Scheduled, Delayed or Canceled, and is Solely Responsible for the Safe Conduct of the Flight

The Pilot in Command: Responsibilities and Expectations

- Is the best judge of the aircraft status, weather, his or her physical condition, piloting skills and currency. Sound judgment must prevail at all times.
- Does not fly anyone not shown on the Pilot Mission Report without first contacting a mission coordinator. AFNE must be notified because an increase in the number (and weight) of passengers could affect other parts of the mission, including ground transportation and the return flight.
- Provides a safety briefing for all passengers just before starting engine(s) including, but not limited to, entry door operation, emergency exits and the use of seatbelts and headsets.
- Continuously keeps in mind that safety is the number one priority.
- Uses the Angel Flight call sign during the flight whenever passengers are on board.
- Strictly observes all FAA rules and regulations.
- Conducts the flight in a professional manner so as to provide the safest, smoothest ride possible for the passengers. Tries to select an en route altitude that will provide the smoothest ride. Takes extra care to avoid heavy rain, turbulence, thunderstorms and known icing conditions.
- Is smooth and gentle on the controls, with no excessive banking during turns or excessive pitch during climbs and descents.
- Avoids unnecessarily communicating or maneuvering the aircraft in any way that might unduly concern the passengers.
- Keeps the patient and other passengers (if any) informed of the progress of the flight to the extent it does not interfere with other flying duties.
- Flys in a clean aircraft.
- Wears Angel Flight ID badge and AF logo clothing whenever possible.
- Sterile cockpit at least when below 3000 feet or ten miles from airfield.
Flight Preparation

The flight preparation process can begin as soon as the flight has been assigned.

Prior to departure the pilot in command is responsible for:

- Calling a mission coordinator with any changes you make that affect the mission.
- Calling the patient the night before the flight to reconfirm meeting arrangements, verify who the other passengers will be (if any) and confirm the weights of all passengers plus baggage.
- Inform the passengers that a photo ID is required for class B airports.
- Calling the link pilots (if any) to reconfirm plans for the flight.
- Preparing a written weight and balance calculation.
- Obtaining a complete weather briefing, including NOTAMs, PIREPs and TFRs.
- Filing a flight plan using “NGF” identifier as described on page 16. See page 17 for a sample flight plan.
- Preparing a stamped envelope addressed to Angel Flight NE., 492 Sutton St., N. Andover, MA 01845.
- Obtaining signed waivers of liability (and a guardian authorization if the patient is a minor) for all passengers who are not members of Angel Flight NE (this includes non AFNE copilots).
- Mailing the signed waivers of liability, guardian authorization and weight and balance calculation from the FBO. Do not take these documents with you in the airplane!
- Taking photos of pilot(s), patient and other passengers and email or mail the photos to the to AFNE office.
- Securing all cargo to prevent it from coming loose in flight.

Notes:

1. A flight plan must be filed for all Angel Flights carrying passengers. An IFR flight plan is strongly suggested. A VFR flight plan with flight following is acceptable if VFR conditions are forecast to exist along the entire route from one hour before departure to two hours after scheduled arrival.

2. A single written weight and balance calculation is acceptable for round trip missions when both flights occur the same day and carry the same passengers.

3. One liability release or guardian authorization from each passenger is acceptable for round trip missions when both flights occur the same day and carry the same passengers.

A copilot is strongly recommended for IFR flights whenever IMC is expected or likely.
Use of “Angel Flight” Identifier and Call Sign

The “Angel Flight” three-letter identifier “NGF” was assigned in 2000 as an International Civil Aviation Organization (ICAO) Radiotelephony Designator and Three Letter Identifier, respectively. January 1, 2015, the FAA Security Section mandated that we assign individual pilot NGF numbers. These designations are now used to identify pilots conducting bona fide Angel Flight missions. They are approved for use in airspace controlled by the United States, Canada and the Bahamas.

The “Angel Flight” call sign and your personal “NGF” number should be used when flying to pick up passengers and with passengers on board. The aircraft tail number is used when returning to your home field after dropping off passengers. “Angel Flight” and “NGF” cannot be used for routine personal, business or commercial flights.

Filing a Flight Plan  (Sample Page 17)

Pilots filing a flight plan for an Angel Flight should follow normal flight plan procedures, except for the following differences:

1. In block two, used for the aircraft registration (tail) number, the pilot shall enter the ICAO Three-Letter Identifier NGF followed by the assigned individual pilot number.

2. AFNE NGF numbers begin with the digit 1, which designates that you are an AFNE pilot. Angel Flight Northeast individual pilot numbers range from 001 to 999 (with a 1 before it).

   The only other authorized NGF users first digits are: 2 Angel Flight Mid Atlantic
   3 Mercy Flight Southeast (AF Florida) 4 Angel Flight Central
   5 Angel Flight South Central 6 Angel Flight West

3. In the REMARKS section, the pilot should print, the words ANGEL FLIGHT, followed by the full registration number (i.e., tail number) of the aircraft.
   ATC closes out flight plans by tail number, not call sign.

Radio Usage

Pilots should identify themselves to ATC using the phrase “ANGEL FLIGHT” and the assigned individual pilot number as shown in the flight plan. For example, when contacting Boston Approach, you would say, “Boston Approach, this is Angel Flight One Eight Seven Three or Eighteen Seventy Three, level at six thousand.”

Caution

Pilots are cautioned to listen carefully while on ATC frequencies. A potential for confusion exists when the air carrier American Eagle (“Eagle Flight”) is on the same frequency. Similar sounding call signs such as “Angel Flight” and “Eagle Flight” have resulted in the wrong aircraft accepting ATC instructions. If in doubt, VERIFY that the clearance issued was intended for your aircraft.
# Using the NGF call sign and ANGEL FLIGHT Telephony

**[SAMPLE FAA FLIGHT PLAN]**

<table>
<thead>
<tr>
<th>U.S. DEPARTMENT OF TRANSPORTATION</th>
<th>PILOT BRIEFING</th>
<th>VNR</th>
<th>TIME STARTED</th>
<th>SPECIALIST INITIALS</th>
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</thead>
<tbody>
<tr>
<td>FEDERAL AVIATION ADMINISTRATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FLIGHT PLAN

<table>
<thead>
<tr>
<th>1. TYPE</th>
<th>2. AIRCRAFT IDENTIFICATION</th>
<th>3. AIRCRAFT TYPE/ SPECIAL EQUIPMENT</th>
<th>4. TRUE AIRSPEED</th>
<th>5. DEPARTURE POINT</th>
<th>6. DEPARTURE TIME</th>
<th>7. CRUISING ALTITUDE</th>
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<tr>
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<td><strong>NGF1873</strong></td>
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<td>KTS</td>
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<td>DVFR</td>
<td></td>
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</tr>
</tbody>
</table>

### 8 ROUTE OF FLIGHT

### 9. DESTINATION (Name of airport and city)

**ANGEL FLIGHT N4123L**

### 10. EST. TIME ENROUTE

<table>
<thead>
<tr>
<th>HOURS</th>
<th>MINUTES</th>
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<tbody>
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</tbody>
</table>

### 11. REMARKS

**CLOSE VFR FLIGHT PLAN WITH**

FSS ON ARRIVAL

Enter “NGF” and your unique Pilot ID number in BOX 2.

The first number (NGF 1) represents Angel Flight Northeast.

The remaining number(s) identifies you as a volunteer pilot flying on behalf of Angel Flight Northeast.

**Enter ANGEL FLIGHT and the aircraft registration number in BOX 11 “REMARKS” Section.**

Flight Plans are closed out by tail number NOT call signs.

**Telephony Radio call: “Angel Flight One Eight Seven Three or Eighteen Seventy Three”**.
Use of “Medevac” Call Sign

The “Medevac” call sign replaces the former “Lifeguard” and is a request for priority / critical medical handling. It is intended for use only when expeditious flight handling is required.

**For a Medevac flight using the ICAO format,** check “Medevac” in item 18.

**For IFR Domestic format** add an “L” in front of your full tail number in box 2. (A/C N9999 would file LN9999). In both cases your radio call sign is Medevac plus last three tail number digits.

The “Medevac” call sign should be used only when an organ transplant patient or donor organ is on board, or if it is necessary to minimize the flight time required to reach an airport for an organ pickup.

Should the medical condition of a patient being flown on an Angel Flight deteriorate in flight, or other conditions occur that justify expeditious handling on a priority basis, then changing to the use of the “Medevac” call sign in place of “Angel Flight” may be appropriate. ATC can assist a pilot in making that decision. Do not hesitate to use “Medevac” if safety or medical necessity warrants its use.

**Cancellations, Changes and Delays**

Pilots are free to decline to fly any assigned flight, whether for weather, mechanical problems, financial limitations, scheduling conflicts or personal reasons. Safety is the primary concern. Pilots are encouraged to set their own personal minimums and recognize their limits. They should fly only when they feel completely comfortable doing so. A pilot’s decision to depart on schedule, delay the flight or cancel it is final.

Should it become necessary to cancel an assigned flight, it is very important that the pilot notify both Angel Flight and the patient as soon as possible. The more time Angel Flight has to determine if another pilot can fly the mission, the better. It will also allow Angel Flight time to handle other issues related to the mission, such as ground transportation. Notifying the patient as soon as possible will maximize the time available to him or her to make other travel arrangements, should that become necessary.

It is also necessary to notify Angel Flight and the patient as soon as possible if there is a change or delay in the flight times or a change in an FBO that will be used.

Cancellations, changes and delays affecting assigned flights can be communicated to Angel Flight by calling the main phone number (978-794-6868). After normal business hours (9:00 A.M. to 5:00 P.M., Monday through Friday) call the main number and select option two.

You will be prompted to enter your telephone number and the on-call Mission Coordinator will call you back at that number.

**A Mission Coordinator is available 24 hours a day, 7 days a week at 978-794-6868.**

*Do not use email to notify Angel Flight of flight cancellations, changes or delays!*
Liability Waiver and Guardian Authorization

Liability waivers and guardian authorizations are used to protect the individuals (including the pilot) and organizations (including Angel Flight) involved in Angel Flights from any liability resulting from their participation in these volunteer, uncompensated missions. A signed liability waiver for each adult and a signed guardian authorization for each minor must be obtained from every passenger on every Angel Flight prior to the flight’s departure. This includes copilots and anyone else who is not an AFNE member.

The only exception to having forms signed for every flight is round trips by the same pilot going nonstop from the departure airport to the destination airport and later returning nonstop to the departure airport on the same day, carrying the same passengers. In those instances, at the pilot’s discretion, liability waivers and guardian authorizations are required only prior to the beginning of the first leg.

A single liability waiver form can be used for either one or two adult passengers. A separate guardian authorization form is required for each minor passenger.

These forms, along with a written aircraft weight and balance calculation for the upcoming flight, must be mailed or faxed to Angel Flight before the flight departs. It is imperative that these documents not be taken on board the aircraft.

At the bottom of the liability release is a place for the patient or other passengers to initial (or the patient’s guardian to initial, in the case of a guardian authorization) that allows the patients’ and other passengers’ names and/or photographs to be used by Angel Flight NE for public relations purposes. Please ask the patient or passenger(s) to initial the block. If the patient or passenger, or patient’s guardian, does not initial this permission request, their names and photographs will not be used.

The liability and guardian authorization forms supplied with this pilot operation manual can be photocopied as needed. They can also be downloaded by clicking on the “AF Documents” box on the pilot site on the AFNE website.

Remember: Do not take the signed liability releases, guardian authorizations and weight and balance calculation with you on the aircraft! Mail them to Angel Flight from the departing FBO prior to departure.
AUTHORIZATION, RELEASE OF CLAIMS AND INDEMNITY AGREEMENT FOR ADULTS

Pilot: ___________________________________________ Co-Pilot: ___________________________________________
Aircraft / vehicle (Type and Number):________________ / ______________________
Patient(s) and Supporting Passenger(s): __________________________________________

This Authorization, Release of Claims, and Indemnity Agreement ("Release") shall be valid as to all flights provided by Angel Flight (as defined below) to the Patient(s) and Passenger(s) named herein. The fact that specific flight information, including the identity of the pilot, copilot, or aircraft/vehicle is not provided herein is immaterial with respect to the enforceability of this Release. Notwithstanding the general nature of this Release, you may be asked to sign another Release for administrative purposes, including on the day of your flight(s).

I/We ____________________________________________, ___understand that Angel Flight of New England, Inc. (also known as Angel Flight Northeast), hereinafter referred to as "Angel Flight") has arranged, will arrange, one or more flights or other transportation (including, but not limited to, "Earth Angel" transportation by ground vehicle), free of charge, for my convenience in obtaining, assisting with, or returning from medical treatment or diagnosis, or for other compelling humanitarian needs and flights of compassion as are determined suitable for Angel Flight missions and that the accomplishment of the objective of any flights or other transportation provided or arranged by Angel Flight is not guaranteed. I understand that Angel Flight and the pilots, co-pilots, operators, owners and/or lessors of the aircraft described above and any other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses and that they are not being reimbursed for their costs, expenses, or services. As such, I understand that Angel Flight, the pilots, co-pilots, operators, owners and/or lessors of the aircraft described above and any other vehicles used for these purposes, and the other persons and entities being released by me are expressly relying on my execution of this Release as a material pre-condition for their agreement to provide the volunteer transportation services to me at any time. I also understand that the pilot or co-pilot on any Angel Flight may be unable to provide any assistance to patients or passengers in boarding or exiting the aircraft, that patients and passengers are personally responsible for boarding and exiting the aircraft without assistance from the pilot or co-pilot, and that patients and passengers are responsible for providing their own medical assistants. I also acknowledge that I am flying on the Aircraft and/or riding in the vehicles arranged for by Angel Flight voluntarily and of my own free will.

In consideration of the furnishing of services, time, skills, flight, transportation, aircraft, vehicles, and other related costs and expenses being arranged and provided, I hereby agree to forever release, discharge, and hold harmless the pilot, co-pilot, operators, aircraft and vehicle owner(s) and/or lessors of the Aircraft (as applicable), Angel Flight America, Inc., Angel Flight of New England, Inc., Angel Flight Northeast, and any other similarly named entity, each of their respective divisions, parent, subsidiaries, wings, member organizations, affiliates, chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, and successors in interest, and any and all entities who referred me to Angel Flight (hereinafter collectively referred to as the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that I may have or claim to have on account of or in any way related to or arising from, directly or indirectly the proposed transportation, the cancellation or delay of the transportation and/or the failure to provide return transportation.

This Release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the Released Parties. In addition to economic damages, costs, and expenses, this Release also specifically covers any and all damages for personal injuries, deaths and conditions of health, whether or not immediately apparent following any flight or other transportation, or which may at any time thereafter occur.

As evidenced by my execution of this Release, I regard the services, time, skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished to me by the Released Parties as significant, material, and valuable consideration in exchange for this Release and I value this consideration as a significant, material factor in my present and continuing well-being and physical prosperity. I have completely read and fully understand this document. I have spoken with a mission coordinator and/or other persons associated with Angel Flight regarding any and all questions concerning the proposed flight or other transportation. To the extent that there is any portion of this document that I did not fully comprehend, I understand that I had and continue to have the right to obtain legal advice from an attorney of my choice.

This agreement shall be binding upon all of my heirs at law, assigns, and successors in interest of all parties hereto. By my execution of this Release, I hereby manifest and make known my present wishes and intent that no representative of my estate take any action to pursue any claims based in tort, contract, or brought under any applicable wrongful death or other statute in the unlikely event that I suffer personal injury or incur any other type of damage during my transportation by Angel Flight. Similarly, I wish to manifest and make known my present wishes and intent that none of my relatives, heirs and assigns pursue any claim for loss of consortium or loss of support against Angel Flight in the unlikely event that I die or suffer personal injury or incur any other type of damage during my transportation by Angel Flight. In stating my wishes and intent in this regard, I reiterate that I am receiving the transportation services provided by Angel Flight on a purely charitable basis and, therefore, do not wish to see Angel Flight exposed to any legal liability to me, my heirs and/or relatives as a result of Angel Flight's (or the Released Parties') providing me with air transportation at no cost to me.

This agreement may be enforced by any party hereto and/or by any person or organization released in this agreement. I agree that this agreement shall be governed and interpreted by the laws of The Commonwealth of Massachusetts in a court of competent jurisdiction within The Commonwealth of Massachusetts.

Angel Flight Northeast
492 Sutton Street
North Andover, MA 01845-1505
Telephone: 978-794-6868
Fax: 978-794-8779

Signature of Patient or Passenger ________________________________
Print Name of Patient or Passenger ________________________________

Signature of Patient or Passenger ________________________________
Print Name of Patient or Passenger ________________________________

Date: ____________________

Please initial below if you agree to allow Angel Flight of New England, Inc. or any related entities to use your name(s) and photographs in any reports of the proposed flights that might appear in newspapers, radio, television or other Angel Flight of New England, Inc. public relations activity. If you do not agree to public use of your name(s) it will not be used. Patient(s) and/or Passenger(s)' Initials__________________________

Angel Flight NE 20 Pilot Manual
AUTHORIZATION, RELEASE OF CLAIMS AND INDEMNITY AGREEMENT FOR MINORS

Pilot: ____________________ Co-Pilot: ____________________ Aircraft/Vehicle (Type and Number): ____________________

Minor Patient(s) and Minor Passenger(s): ____________________

Parent/Legal Guardian:

This Authorization, Release of Claims, and Indemnity Agreement ("Release") shall be valid as to all flights provided by Angel Flight (as defined below) to the Minor Patient(s) and Minor Passenger(s) named herein. The fact that specific flight information, including the identity of the pilot, co-pilot, or aircraft/vehicle is not provided herein is immaterial with respect to the enforceability of this Release. Notwithstanding the general nature of this Release, you may be asked to sign another Release for administrative purposes, including on the day of your flight(s). A separate form of release must also be signed by adult patients and/or passengers accompanying the Minor patient(s) or Minor Passenger(s).

I/We ______________________, the Parent(s) and/or Legal Guardian(s) of __________________________, (the “Minor Patient(s) and "Minor Passenger(s) understand that Angel Flight of New England. Inc. also known as Angel Flight Northeast) (hereinafter referred to as "Angel Flight" has arranged, or will arrange, one or more flights or other transportation (including, but not limited to, "Earth Angel" transportation by ground vehicle), free of charge, for our convenience in obtaining, assisting with, or returning from medical treatment or diagnosis, or for other compelling humanitarian needs and rights of compassion as are determined suitable for Angel Flight missions and that the accomplishment of the objective of any flights or other transportation provided or arranged by Angel Flight is not guaranteed. I understand that Angel Flight and the pilots, co-pilots, operators, owners and/or lessors of the aircraft described above and any other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses and that they are not being reimbursed for their costs, expenses, or services. As such, I understand that Angel Flight, the pilots, co-pilots, operators, owners and/or lessors of the aircraft described above and any other vehicles used for these purposes, and the other persons and entities being released by me on behalf of the Minor Patient(s) and Minor Passenger(s) are expressly relying on my execution of this release as a material pre-condition for their agreement to provide volunteer transportation services to the Minor Patient(s) and Minor Passenger(s) at any time. I also understand that the pilot or co-pilot on any Angel Flight may be unable to provide any assistance to patients or passengers in boarding or exiting the aircraft, that patients and passengers are personally responsible for boarding and exiting the aircraft without assistance from the pilot or co-pilot, and that patients and passengers are responsible for providing their own medical assistants. I also acknowledge that the Minor Patient(s) and Minor Passenger(s) are flying on the aircraft and/or riding in the vehicles arranged for by Angel Flight voluntarily and with my full informed consent.

In consideration of the furnishing of services, time, skills, flight, transportation, aircraft, vehicles, and other related costs and expenses being arranged and provided, on behalf of the Minor Patient(s) and Minor Passenger(s). I hereby agree to forever release, discharge, and hold harmless the pilot, co-pilot, operators, aircraft and vehicle owner(s) and/or lessors of the Aircraft (as applicable), Angel Flight America Inc., Angel Right of New England, Inc., Angel Flight Northeast, and any other similarly named entity, each of their respective divisions, parents, subsidiaries, wings, member organizations, affiliates. Chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, and successors in interest, and any and all entities referred to me Angel Flight (hereinafter collectively referred to as the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that the Minor Patient(s) and Minor Passenger(s) may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed transportation, the cancellation or delay of the transportation, and/or the failure to provide return transportation.

This Release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the Released Parties. In addition to economic damages, costs, and expenses, this Release also specifically covers any and all damages for personal injuries, deaths, and conditions of health whether or not immediately apparent following any flight or other transportation, which may at any time thereafter occur.

As evidenced by my execution of this Release on behalf of the Minor Patient(s) and Minor Passenger(s). I regard the services, time. Skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished to the Minor Patient(s) and Minor Passenger(s) by the Released Parties as significant, material, and valuable consideration in exchange for this Release, and I value this consideration as a significant, material factor in the present and continuing well-being and physical prosperity of the Minor Patient(s) and Minor Passenger(s) and myself. I have completely read and fully understand this document. I have spoken with a mission coordinator and/or other persons associated with Angel Flight regarding any and all questions concerning the proposed flight or other transportation. To the extent that there is any portion of this document that I did not fully comprehend. I understand that I had and continue to have the right to obtain legal advice from attorneys of my choice.

This agreement shall be binding upon the Minor Patient(s) and Minor Passenger(s), his, her or their parents and/or legal guardians and all heirs at law, assigns and successors in interest of parties hereto. By my execution of this Release I hereby manifest and make known my present wishes and intent that no representative of the Minor Patient(s) and Minor Passenger(s) estates take any action to pursue any claims based in tort, contract, or brought under any applicable wrongful death or other statute in the unlikely event that the Minor Patient(s) and Minor Passenger(s) suffer personal injury or incur any other type of damages during his or her transportation by Angel Flight. Similarly, I wish to manifest and make known my and the Minor Patient(s) and Minor Passenger(s) present wishes and intent that none of the Minor Patient(s) and Minor Passenger(s) relatives, heirs and assigns pursue any claim for loss of consortium or loss of support against Angel Flight in the unlikely event that the Minor Patient(s) and Minor Passenger(s) dies or suffers personal injury or inures any other type of damage during my transportation by Angel Flight. In stating my and the Minor Patient(s) and Minor Passenger(s) wishes and intent in this regard, I reiterate that the Minor Patient(s) and Minor Passenger(s) are receiving the transportation services provided by Angel Flight on a purely charitable basis and. Therefore, does not wish to see Angel Flight exposed to any legal liability to the Minor Patient(s) and Minor Passenger(s), his, her or their heirs and/or relatives as a result of Angel Flight missions or that the aircraft described above and any other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses and that they are not being reimbursed for their costs, expenses, or services. As such, I understand that Angel Flight, the pilots, co-pilots, operators, owners and/or lessors of the Aircraft (as applicable), Angel Flight America Inc., Angel Right of New England, Inc., Angel Flight Northeast, and any other similarly named entity, each of their respective divisions, parents, subsidiaries, wings, member organizations, affiliates. Chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, and successors in interest, and any and all entities referred to me Angel Flight (hereinafter collectively referred to as the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that the Minor Patient(s) and Minor Passenger(s) may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed transportation, the cancellation or delay of the transportation, and/or the failure to provide return transportation.

This Release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the Released Parties. In addition to economic damages, costs, and expenses, this Release also specifically covers any and all damages for personal injuries, deaths, and conditions of health whether or not immediately apparent following any flight or other transportation, which may at any time thereafter occur.

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This agreement shall be binding upon the Minor Patient(s) and Minor Passenger(s), his, her or their parents and/or legal guardians and all heirs at law, assigns and successors in interest of parties hereto. By my execution of this Release I hereby manifest and make known my present wishes and intent that no representative of the Minor Patient(s) and Minor Passenger(s) estates take any action to pursue any claims based in tort, contract, or brought under any applicable wrongful death or other statute in the unlikely event that the Minor Patient(s) and Minor Passenger(s) suffer personal injury or incur any other type of damages during his or her transportation by Angel Flight. Similarly, I wish to manifest and make known my and the Minor Patient(s) and Minor Passenger(s) present wishes and intent that none of the Minor Patient(s) and Minor Passenger(s) relatives, heirs and assigns pursue any claim for loss of consortium or loss of support against Angel Flight in the unlikely event that the Minor Patient(s) and Minor Passenger(s) dies or suffers personal injury or incurs any other type of damage during my transportation by Angel Flight. In stating my and the Minor Patient(s) and Minor Passenger(s) wishes and intent in this regard, I reiterate that the Minor Patient(s) and Minor Passenger(s) are receiving the transportation services provided by Angel Flight on a purely charitable basis and. Therefore, does not wish to see Angel Flight exposed to any legal liability to the Minor Patient(s) and Minor Passenger(s), his, her or their heirs and/or relatives as a result of Angel Flight missions or that the aircraft described above and any other vehicles used for these purposes are volunteering their services, time, skills, flight, aircraft, vehicles, and other related costs and expenses and that they are not being reimbursed for their costs, expenses, or services. As such, I understand that Angel Flight, the pilots, co-pilots, operators, owners and/or lessors of the Aircraft (as applicable), Angel Flight America Inc., Angel Right of New England, Inc., Angel Flight Northeast, and any other similarly named entity, each of their respective divisions, parents, subsidiaries, wings, member organizations, affiliates. Chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns, and successors in interest, and any and all entities referred to me Angel Flight (hereinafter collectively referred to as the "Released Parties"), from any and all claims, demands, liability (under the law of any state or country), fees, expenses, and costs of any kind whatsoever that the Minor Patient(s) and Minor Passenger(s) may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed transportation, the cancellation or delay of the transportation, and/or the failure to provide return transportation.

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As evidenced by my execution of this Release on behalf of the Minor Patient(s) and Minor Passenger(s). I regard the services, time. Skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished to the Minor Patient(s) and Minor Passenger(s) by the Released Parties as significant, material, and valuable consideration in exchange for this Release, and I value this consideration as a significant, material factor in the present and continuing well-being and physical prosperity of the Minor Patient(s) and Minor Passenger(s) and myself. I have completely read and fully understand this document. I have spoken with a mission coordinator and/or other persons associated with Angel Flight regarding any and all questions concerning the proposed flight or other transportation. To the extent that there is any portion of this document that I did not fully comprehend. I understand that I had and continue to have the right to obtain legal advice from attorneys of my choice.
Mission Photos

AFNE would like to have photos of the pilot, patient and other passengers. We request photos as long as all involved agree and that the photo taking does not create undo confusion. The preference is for one photo inside the aircraft showing only the patient and passengers, and one waist up by aircraft, outside photo of the pilot(s), patient and passenger(s).

If any creative ideas occur that would result in particularly effective photos, please take those in addition to the photos suggested above.

The photos are best taken with a digital camera using jpeg format. They can be sent to Angel Flight NE as attachments to an email. The email should include the mission number and the names of the pilot(s), patient and other passengers.

At the bottom of the liability release is a place for the patient and other passengers to initial (or the patient’s guardian to initial, in the case of a guardian authorization). This permission allows Angel Flight NE use the patient’s and other passengers’ names and/or photographs for public relations purposes. If the patient and other passengers (or guardian, in the case of a minor) do not initial this permission request, their names and photographs will not be used.

You may also wish to provide copies of the photos to the patient, either as hard copies or as jpeg files Emailed to them. Many patients like having photos as souvenirs of their Angel Flights, and enjoy sharing them with family and friends. Photos given to patients may also help increase the community awareness of Angel Flight.

Fee Waivers and Fuel Discounts

Many — but not all — airports waive landing and parking fees for Angel Flights. Many FBOs also give fuel discounts for Angel Flights. You should always ask. Please notify Angel Flight if you land at an airport that waives fees and/or provides fuel discounts that you think AFNE may not know about. AFNE keeps a list of those airports and FBOs that support Angel Flight with fee waivers and fuel discounts.

It may prove helpful to have the Post Mission Report in hand when requesting fee waivers and/or fuel discounts. Wearing your Angel Flight photo ID badge may also prove helpful. In addition, being clearly identified as an Angel Flight pilot may make you eligible for other discounts and/or waivers.

Phillips 66 offers a dollar a gallon discount (jet fuel not included) for Angel Flight Northeast missions. You must purchase the avgas with a Phillips 66 Aviation Personal Credit Card.

Information on the Phillips 66 avgas discount may be found at phillips66aviation.com.
Post Mission Procedures

Post Mission Report
The pilot in command is required to file a Post Mission Report (PMR) online within 48 hours following the completion of a mission. This is done by logging onto the AFNE pilot website and clicking on “Your Missions.” Then click on “Post Mission Report” to bring up the Post Mission Report screen, and fill in the blanks as appropriate.

Note: The total cost of fuel used for the flight is entered in the space marked “If rented DRY, Total Cost paid for Fuel/Oil” for either an aircraft rented dry or for one that is owned.

Review all entries prior to submitting the report to ensure that they are correct. After a report has been submitted it becomes a permanent record.

All of your submitted PMRs can be viewed at anytime by clicking on “View PMR” in “Your Missions.” You can obtain a printable In Kind Receipt by clicking on “In Kind Receipt” at the bottom of a submitted PMR. This is the document to be used when claiming a charitable tax deduction.

Mission Photos
Mission photos in jpeg format should be sent as email attachments to angelflight@angelflightne.org. Please be sure to include the names of the pilot, patient and passengers, the date of the flight and the mission number.

Mission Commentary
Angel Flight NE continually strives to improve the Angel Flight experience for patients, passengers and pilots. Pilots are encouraged to aid in this process with:

- Comments on how future flights could be made better for patients and passengers.
- Suggestions on how the interaction between pilots and mission coordinators could be improved.
- Information on any significant physical, medical or behavior problems with the patient that could affect future flights with that patient.
- Heartwarming, interesting or humorous anecdotes, especially those that would be suitable for use in public relations activities.
- Any other information that the pilot feels is relevant.

This commentary is best communicated via email to angelflight@angelflightne.org. Be sure to include the names of the pilot, patient and passengers, the date of the flight and the mission number.
# Pilot DOs and DON’Ts

<table>
<thead>
<tr>
<th></th>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before Mission</strong></td>
<td>✓ Contact patient early and as often as necessary</td>
<td>× Change any mission particulars without informing mission coordinator</td>
</tr>
<tr>
<td></td>
<td>✓ Confirm patient and passenger data and inform mission coordinator of any changes.</td>
<td>× Misuse or abuse your Angel Flight status</td>
</tr>
<tr>
<td></td>
<td>✓ Remind patient(s) and passenger(s) to have government issue photo IDs with them e.g. driver’s licenses.</td>
<td>× Relegate your responsibilities as PIC</td>
</tr>
<tr>
<td></td>
<td>✓ Use operations manual during missions as a reference</td>
<td>× Use Angel Flight call sign for personal flights</td>
</tr>
<tr>
<td></td>
<td>✓ File a flight plan using the “NGF” identifier</td>
<td></td>
</tr>
<tr>
<td><strong>Prior to Departure</strong></td>
<td>✓ Mail or fax completed weight-and-balance data and waiver forms</td>
<td>× Accept undocumented passengers or baggage</td>
</tr>
<tr>
<td><strong>During Mission</strong></td>
<td>✓ Provide for needs of patients and passengers</td>
<td>× Compromise safety</td>
</tr>
<tr>
<td></td>
<td>✓ Keep passengers informed of flight progress</td>
<td>× Exceed aircraft’s or your own limitations</td>
</tr>
<tr>
<td></td>
<td>✓ Comply with all FAA Regulations.</td>
<td>× Unnecessarily maneuver or communicate in any way that might unduly concern your passengers</td>
</tr>
<tr>
<td><strong>After Mission</strong></td>
<td>✓ Fill out Post-Mission Report in Pilot Section of AFNE web site within 48 hours after mission completion</td>
<td>× Make separate arrangements with patients regarding scheduling future flights</td>
</tr>
</tbody>
</table>
Crisis Management

IF ANYTHING HAPPENS, CALL US

Definitions
Crisis: An incident, accident or event that could have tremendous negative effect on an organization in the press, in the courts, in the eyes of the general public and in the opinion of regulators and other public officials.

Accident: An occurrence associated with the operation of an aircraft or vehicle which takes place between the time any person boards the aircraft or vehicle with the intention of flight or transportation and all such persons have disembarked, and in which any person suffers serious injury or death, or in which the aircraft or vehicle receives substantial damage.

Incident: An occurrence other than an accident, associated with the operation of an aircraft which affects or could affect the safety of operation.

Serious Injury: Injury requiring hospitalization.

Substantial Damage: Damage which adversely affects the operational capability of an aircraft or vehicle in AFNE service.

Crisis Management DOs and DON’Ts

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
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<tbody>
<tr>
<td>✓ Make patient care and comfort #1 priority</td>
<td>✗ Give media interviews</td>
</tr>
<tr>
<td>✓ Contact AFNE headquarters immediately</td>
<td>✗ Speculate on cause of the event</td>
</tr>
<tr>
<td>✓ Refer all queries to AFNE headquarters</td>
<td>✗ Apologize or admit liability</td>
</tr>
<tr>
<td>✓ Cooperate with FAA/NTSB authorities</td>
<td>✗ Provide AFNE operating statistics</td>
</tr>
<tr>
<td>✓ State only facts to proper authorities</td>
<td></td>
</tr>
<tr>
<td>✓ Contact your insurance company</td>
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</tbody>
</table>

AFNE Contact Numbers
Phone: 978-794-6868
Fax: 978-794-8779
**Homeland Security Program (HSEATS)**

To meet the need of Homeland Security as defined by the Corporation for National and Community Service an efficient, emergency, grass-roots-based, volunteer-pilot air transportation system was required. The Homeland Security Emergency Air Transportation System (HSEATS) was formed to meet this need. Its mission is to fly high priority cargo and key personnel wherever needed to respond to local or national disasters or tragedies.

Any AFNE pilot who has completed at least one AFNE mission is eligible to participate in the HSEATS program. There are two categories of certified HSEATS volunteer pilots:

**First Responders**, who can normally — all things being nominal — be airborne within either a two-hour or six-hour window.

**Sustaining Responders**, who can help out but are normally unable to launch within a six-hour window.

Flying HSEATS missions is similar to flying regular Angel Flight Missions. The pilot, as always, is fully responsible for determining and evaluating safety factors. Safety continues to be the number one priority, even during disaster emergency circumstances.

AFNE pilots interested in becoming certified HSEATS pilots can learn more about the program by requesting a copy of the HSEATS Volunteer Pilot Handbook from AFNE. This handbook includes an HSEATS Pilot Self-Certification Form, which can be filled out and mailed to AFNE.

**Normal Media Procedures**

All patient information, names, medical condition and travel information must be kept confidential by each volunteer and staff member. When contacted by media (TV or Print), contact our business office, which will work with you, the patient and the media. The phone number is 978-794-6868.

It is important for Angel Flight to contact the media before approving any interviews. Angel Flight will then contact the patients for permission and signed releases prior to any interviews or photos. This of course is to protect and respect the patients, families, and pilots. Angel Flight will not release any information to the media until consent is given by the patient or the pilot.

**Angel Flight Apparel**

Many items of Angel Flight apparel are available from Angel Flight NE. These include shirts, jackets and hats for both men and women.

We encourage all crewmembers to wear AFNE apparel on AFNE missions.

AFNE apparel can be ordered by contacting our office at 978-794-6868.
Requirements to Fly as a Pilot in Command for Angel Flight Northeast (AFNE)
(Updated June 18, 2013)

1) For the operation of any single engine piston aircraft, the pilot shall have a minimum total time of 500 hours, with not less than 400 hours as pilot in command (PIC), 50 hours of such PIC time having been in the same make and model aircraft.

2) For the operation of any multi engine or turbine powered aircraft the pilot shall have a minimum total time as pilot in command (PIC) of 1,000 hours, with a minimum of 100 hours in type, but not less than 50 hours in make and model. Individual applications for exceptions will be reviewed and considered by the Safety Committee.

3) Every pilot shall have a currently valid medical certificate, a current Flight Review, and an instrument rating applicable to the aircraft to be flown by said pilot, and shall be current with applicable flight times and rules as set forth in the FARs.

4) A minimum of 50 hours as PIC shall have been flown and logged within the 12 months immediately preceding the mission/flight.

5) A minimum of 12 hours flown and logged during the previous 90 days. This requirement can be waived if the pilot completes 2 hours of dual training with a certified flight instructor prior to flying a mission. (the 12 hours is included in the total of 50, not as additional)

6) No pilot of 75 years of age or greater shall be permitted to fly as PIC for AFNE, unless accompanied by a licensed and qualified co-pilot, who is under the age of 75, and who meets all of the aforesaid pilot qualifications for the operation of the type aircraft in use.

7) No mission shall be flown in any aircraft unless that aircraft is properly registered, licensed, and airworthy. AFNE recommends that the engine time since new or last overhaul be less than the manufacturer’s recommended time between overhaul (TBO). Further, no such aircraft shall be homebuilt or experimental.

8) A minimum of one million dollars ($1,000,000) liability insurance with not less than $100,000 per seat shall be in force on any aircraft to be used for any mission. Although not mandatory, all pilots are encouraged to request that their insurers name AFNE as an additional named insured.

Note: Requirements can be waived depending on the quality of the pilot’s flight experience and final determination by AFNE.