



**EARTH ANGEL APPLICATION** (Must be 18 years or older)  
*Earth Angels are volunteer drivers who provide ground transportation between the FBOs and the medical facility.*

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

In case of an emergency, please list two contacts:

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

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

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_

MAKE & MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Have you been involved in an automobile accident or received a traffic violation unrelated to parking, within the last five years?

YES  NO

If yes, please explain the circumstances: \_\_\_\_\_

What airports would you be willing to drive patients to or from:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Bedford Hanscom | <input type="checkbox"/> Norwood     |
| <input type="checkbox"/> Beverly         | <input type="checkbox"/> Plymouth    |
| <input type="checkbox"/> Boston Logan    | <input type="checkbox"/> Providence  |
| <input type="checkbox"/> Lawrence        | <input type="checkbox"/> Other _____ |

What days of the week and times are you typically available?

- |                                    |                                   |                                    |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   | <input type="checkbox"/> Morning   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   | <input type="checkbox"/> Evenings  |
| <input type="checkbox"/> Thursday  |                                   |                                    |

Do you speak a second language and if so, which one? \_\_\_\_\_

I declare that all 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 NE**  
492 Sutton St • North Andover, MA 01845  
978-794-6868 • [angelflight@angelflightne.org](mailto:angelflight@angelflightne.org) • [www.angelflightne.org](http://www.angelflightne.org)