Angel Flight® NE

30TH ANNIVERSARY

VOLUNTEER PILOT OPERATIONS MANUAL












Angel Flight NE (AFNE) is a 501(c)3 tax-exempt non-profit organization which coordinates free air and ground transportation for patients and families in need. AFNE also participates in humanitarian missions.There is never a cost to the patient/passenger or their family for AFNE's services, which are provided for as long and as often as needed.

© Angel Flight NE – All Rights Reserved V012026

This manual includes:

- *Mission Coordination Contact Information*
- *Roles & responsibilities of Angel Flight NE's Mission Coordinators and Volunteer Pilots*
- *Step-by-step guidance for volunteering & flying an Angel Flight NE mission.*
- *Additional Resources for Our Volunteer Pilots*

PART I – CONTACT INFORMATION AND RESPONSIBILITIES

1. Mission Coordinators' Responsibilities
2, Mission Coordinators' Contact Information
3. Volunteer Pilot's Responsibilities

PART II – VOLUNTEERING FOR AND FLYING MISSIONS

4. Volunteering For a Mission
5. Change of Airport / Volunteer Pilot's Removal from Mission
6. Actions Before Flying an Assigned Mission
7. Link – Up (Hand-Off) Missions
8. Volunteer Pilot's Cancellation of a Mission
9. Flying the Mission
10 Post Mission Actions

PART III – ADDITIONAL RESOURCES

11. Crisis Management
12. Navigating AFNE's Pilot Portal
13. Resources

© Angel Flight NE – All Rights Reserved V012026

1. Mission Coordinators' Responsibilities:

(a) **Mission Coordinators are responsible for managing the full lifecycle of a mission, serving as the central point of contact between patients, pilots, and supporting organizations.**

(b) **Mission Intake & Posting:**

(i) **Intake mission requests** from patients, families, or referring organizations.
(ii) **Post available missions** on the Angel Flight NE mission system/website so volunteer pilots can view and sign up.

(b) Pilot Coordination

(i) **Process missions once pilots volunteer**, confirming assignments.
(ii) **Notify volunteer pilots of any changes/updates** to mission details after assignment (times, airports, passengers, cancellations, etc.).

(c) **Patient Communication**

(i) **Liaise directly with patients (or caregivers)** regarding:
i. Assignment of the volunteer pilot
ii. Execution and collection of required **waivers/releases**
iii. Any mission changes or cancellations

(d) **Documentation & Logistics Support**

(i) **Provide documentation** needed by pilots for:
i. FBO fuel discounts
ii. Waivers of landing, handling, or other airport fees

(e) **Availability & Operational Coverage**

(i) **Maintain 24/7 availability to support active missions:**
i. During business hours via main office lines
ii. After hours via answering service and on-duty coordinator callback
iii. On-duty Mission Coordinator mobile phone for urgent matters
(e) Liaises with patient concerning.

© Angel Flight NE – All Rights Reserved V012026

(f) Assignment of Volunteer Pilot

(i) Waiver / release by patient and any passengers.
(ii) Execution and collection of required **waivers/releases.**
(iii) Any mission changes or cancellations

2. Mission Coordinators' Contact Information

(a) **Phone: Business hours: 978-794-6868 or 800-549-9980 After hours:978-794-6868.**

(b) **Our after-hours answering service will answer your call. Pilot must advise them if the matter requires an urgent message to a mission coordinator or not. If so, the on-duty Mission Coordinator will be notified and will call back shortly. If non-urgent, the caller will be given the option to leave a voice message.**

(c) **On-duty Mission Coordinator mobile phone: 508-932-1272**

(d) **Email - info@angelflightne.org**

(e) **Mail - 492 Sutton Street, Lawrence Municipal Airport (LWM) North Andover, MA 01845-1505**

(f) **Physical Address: On the Ramp at Lawrence Airport – KLWM**

(g) **Street Address: 492 Sutton Street - North Andover, MA 01845-1505**

3. Volunteer Pilot Qualification

(a) Holds a valid and current pilot certificate for the class and type aircraft (if a type rating is required) in which I will be acting as pilot-in-command.
(b) Hold at least a valid and current Class III or FAA "Basic Med" medical certificate.
(c) Is in compliance with all Federal Aviation Regulations, including those regulations relating to flight reviews, day and night fuel reserves and instrument flight if applicable.
(d) Has at least 500 hours, with not less than 400 hours as pilot in command (PIC), and 50 hours of such PIC time having been in the same make and model aircraft. For multi-engine and turbine powered aircraft, the pilot shall have at least 50 hours in the make and model, and a minimum of 100 hours in the type of aircraft being flown; or I hold a

© Angel Flight NE – All Rights Reserved V012026

valid Commercial certificate and at least 75 hours as pilot- in-command for cross country flight, or a valid Airline Transport Pilot certificate.

(e) If age 80 and older, must fly with a safety pilot as part of a two-pilot crew. The safety pilot must be under 80 years of age, meet all AFNE volunteer pilot minimum qualifications and requirements, and be approved by the aircraft's owner/operator prior to the flight. The safety pilot does not need to be a member of Angel Flight NE. The Angel Flight NE pilot must perform as PIC and must confirm the safety pilot's credentials prior to the flight. This requirement does not apply to flights with no passengers onboard.

(f) As appropriate for the pilot, aircraft and flight to be made, meets the currency requirements (FAR 61.57) for:

(i) Day flights (three take-offs and landings within 90 days)

(ii) Night flights (three-night take-offs and landings to a full stop within 90 days)

(iii) Instrument flights (within 6 months, under actual or simulated instrument conditions, six approaches, holding procedures, and intercepting and tracking courses through the use of navigation systems, or complete an IPC).

Is in compliance with all Federal Aviation Regulations relating to the use of alcohol and drugs, including reporting requirements specified in the regulations.

(g) Whether flying rented or owned aircraft, has in force liability insurance applicable to the flight providing minimum coverage of $1,000,000 per occurrence and $100,000 per seat.

(h) Is flying an airplane with a valid standard airworthiness certificate (normal, utility, commuter or transport category). Experimental, homebuilt, helicopter, rotorcraft or other categories are not permitted.

(i) If renting an aircraft, I have met the requirements of the renting agency for currency. If I belong to a flying club, I am a member in good standing and I have met all requirements to fly club airplanes for which I am approved.

(j) Has flown at least 50 hours as pilot-in-command in the last 12 calendar months. If not, has completed a Flight Review (per FAR 61.56), a Wings Pilot Proficiency Program Level, or added a new Rating within the last 12 months. If none of the above, is Instrument Current (per FAR 65.57).

(k) As a new Command Pilot, has completed the AOPA Air Safety Foundation interactive course entitled: Do the Right Thing:

© Angel Flight NE – All Rights Reserved V012026

Decision Making for Pilots, or the FAA's The Art of Aeronautical Decision Making. If an existing Command Pilot, I have completed an acceptable AOPA or FAA course.

4. Volunteer Pilot's Responsibilities

(a). **Once qualified and assigned a mission, the pilot's responsibilities include**:

- (i) Operational & Safety Responsibilities.
- (ii) Comply with all FAA regulations and AFNE procedures for
- (iii) Follow AFNE guidance for:
  - (A) Pre-flight actions
  - (B) Mission execution
  - (C) Post-mission reporting
  - (D) Crisis management, if applicable

(b) **Financial Responsibilities**

- (i) The pilot covers their own operating expenses, including:
  - (A) Fuel
  - (B) Maintenance
  - (C) Insurance
  - (D) (Landing/FBO fees are often waived but not guaranteed)
  - (E) Unexpected personal costs for the Volunteer Pilot, such as hotel, food and transportation which might arise on account of delays, cancellations, or mechanical issues.
- (ii) The pilot is **not responsible** for:
  - (A) Passenger lodging, meals, or ground transportation
- (iii) **Passenger Care & Conduct**
  - (A) Ensure all passengers:
  - (B) Have signed waivers
  - (C) Are properly seated and briefed
  - (D) Meet mobility requirements (ambulatory without assistance)

(c) Maintain **passenger confidentiality**

(d) Refer **all media inquiries** to AFNE staff

(e) **Communication & Administrative Duties**

- (i) Keep Mission Coordinators informed of changes to:
  - (A) Medical or certificate status
  - (B) Ratings

© Angel Flight NE – All Rights Reserved V012026

(C) Insurance
(D) Aircraft status
(E) Availability
(F) Changes to contact information
(G) BFR status
(H) Notices of certificate or actions by or from the FAA
(I) Changes in general availability to fly missions and expected dates of extended unavailability.
(J) Changes to aircraft status
(K) Any other changes that are pertinent to the ability/availability of AFNE pilots to fly missions.

(f) File a **post-mission report promptly** after each flight.

(g) It is strongly recommended that all operations be in compliance with the following flight duty, rest, and flight time limitations (a duty day starts when the pilot arrives at the airport and begins preparation for the flight and terminates upon completion of the post flight inspection of the aircraft):

(A) No pilot should fly more than 8 hours of flight time within any 24-consecutive-hour duty day period.
(B) No pilot should perform a duty day in excess of 12 consecutive hours; and
(C) Once the pilot has performed 12 consecutive hours of duty, the pilot must rest a period of at least 12 hours before conducting any other Angel Flight NE mission.

(h) The Volunteer Pilot should consult his/her tax advisor regarding the tax treatment of their mission expenses.

(i) The Volunteer Pilot assures that mission aircraft:
(i) Has a then effective standard airworthiness certificate in the normal, utility, commuter, or transport category
(ii) is then airworthy.
(iii) Is "within" annual.

(j) The Volunteer Pilot fulfils all FAA and other requirements applicable to flying the mission.

(k) Follows (as appropriate) the steps outlined in Sections:
§ 6: Change of Airport / Removal from Mission
§ 7: Actions Before Flying an Assigned Mission
§ 8: Link – Up (Hand-Off) Missions

© Angel Flight NE – All Rights Reserved V012026

§ 9: Volunteer Pilot's Cancellation of a Mission
§ 10: Flying the Mission
§ 11: Post Mission Actions
§ 12: Crisis Management

© Angel Flight NE – All Rights Reserved V012026

PART II – VOLUNTEERING FOR AND FLYING MISSIONS

5. Volunteering For a Mission

There are now six ways to request a mission (each described in this Section).

(a) ***via AFNE's website.***
(b) ***via an eblast from the Mission Coordinators***
(c) ***via "AFNE in need of pilot" email***
(d) ***via a response to a text alert***
(e) ***via a phone call to the Mission Coordinators***
(f) ***(NEW) via the new AFNE phone app.***

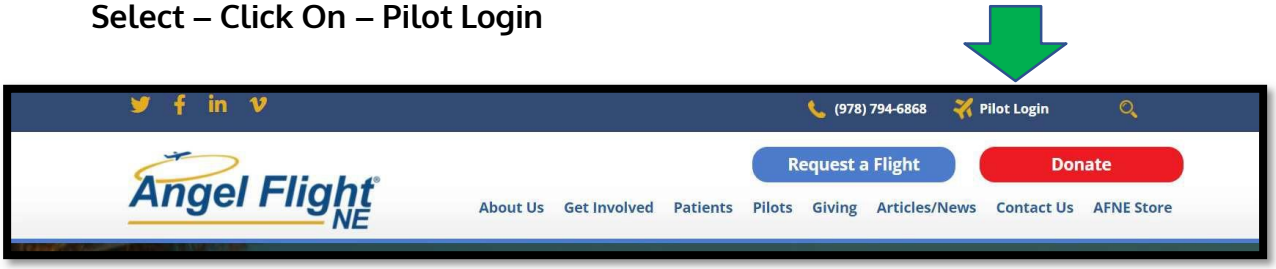
Note

A Mission request does not become an assigned mission until the Volunteer Pilot receives the Mission Itinerary.

(a) **Volunteer for a mission via AFNE's website**

(i) Open AFNE's website: http://www.angelflightne.org/

Select – Click On – Pilot Login



At Pilot Login (shown below), Enter Volunteer Pilot's Username and Password and click Login.

Or

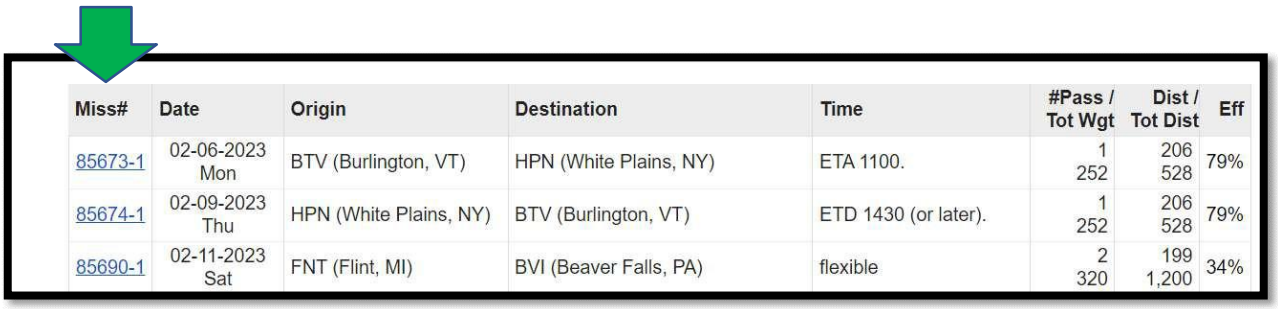
(ii) Go Directly to Pilot Login; https://afne.vpoids.org/

Enter Volunteer Pilot's Username and Password and click Login.

(b) **Volunteer for a mission via a periodic E-Blasts** "*Angel Flight NE Missions Available.*" The e-blast will include a list of available missions (example below)

(i) Click on the mission number of the mission for which the pilot is volunteering

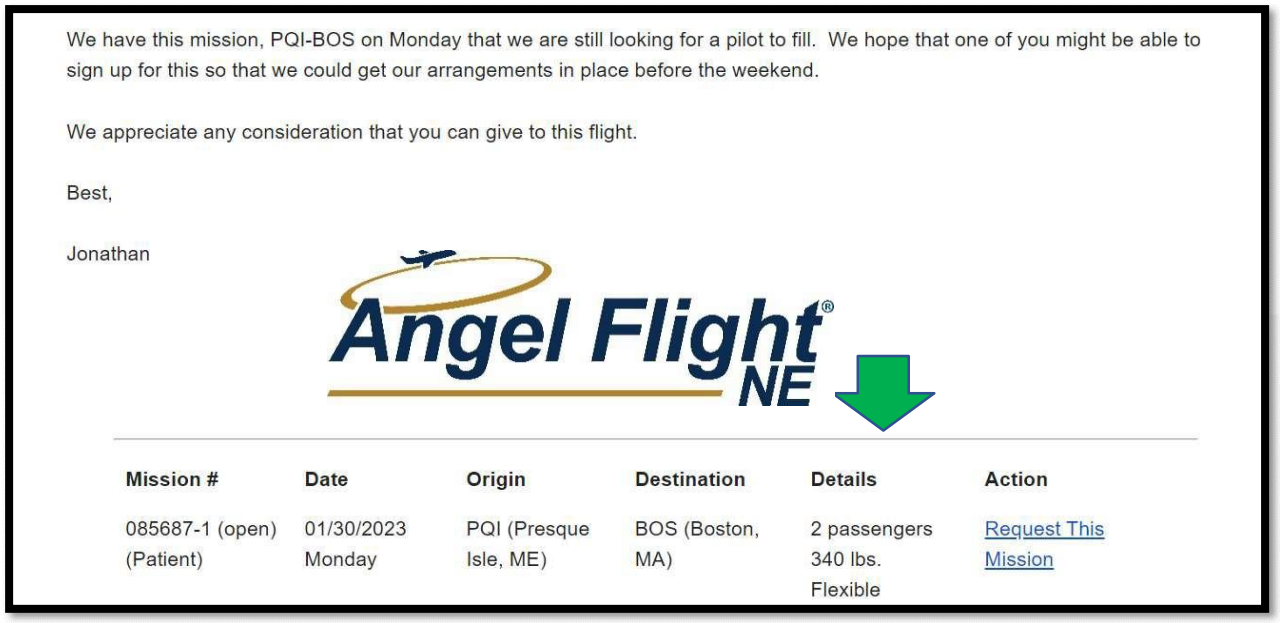
© Angel Flight NE – All Rights Reserved V012026



Miss#	Date	Origin	Destination	Time	#Pass / Tot Wgt	Dist / Tot Dist	Eff
85673-1	02-06-2023 Mon	BTV (Burlington, VT)	HPN (White Plains, NY)	ETA 1100.	1 252	206 528	79%
85674-1	02-09-2023 Thu	HPN (White Plains, NY)	BTV (Burlington, VT)	ETD 1430 (or later).	1 252	206 528	79%
85690-1	02-11-2023 Sat	FNT (Flint, MI)	BVI (Beaver Falls, PA)	flexible	2 320	199 1,200	34%

(ii) At Pilot Login (shown below), enter Volunteer Pilot's Username and Password and click "Login".

(c) **Volunteer for a mission via an AFNE in-need-of-Pilot email** (example below)



We have this mission, PQI-BOS on Monday that we are still looking for a pilot to fill. We hope that one of you might be able to sign up for this so that we could get our arrangements in place before the weekend.

We appreciate any consideration that you can give to this flight.

Best,

Jonathan

Angel Flight NE

Mission #	Date	Origin	Destination	Details	Action
085687-1 (open) (Patient)	01/30/2023 Monday	PQI (Presque Isle, ME)	BOS (Boston, MA)	2 passengers 340 lbs. Flexible	Request This Mission

(i) Click on "Request This Mission"
(ii) At Pilot Login (shown below) enter Volunteer Pilot's Username and Password and click Login

(d) **Volunteer for a mission by calling Mission Coordination Teams at 978-794-6868.**

(e) "Mission Assistants"
(i) A Mission Assistants is any individual who accompanies the Volunteer Pilot on a mission.

© Angel Flight NE – All Rights Reserved V012026

Mission Assistants are expected to

(A) help and support the patient and anyone traveling with the patient as needed during that mission

(B) serve as an extra pair of "eyes and ears" for the Volunteer Pilot.

(ii) The Volunteer Pilot must list the name(s) of any Mission Assistants when volunteering for a mission.

(iii) Each Mission Assistant must complete an AFNE Waiver/Release for the relevant mission.

(f) Example of Pilot Login:



© Angel Flight NE – All Rights Reserved V012026

6. Change of Airport / Volunteer Pilot's Removal from Mission

Call the Mission Coordinators (978-794-6868) to advise of any change in airports or to request to be removed from a mission or mission request.

(a) *Change in Boston area airport*. The Volunteer Pilot may request to change with mission coordinators any of the following Boston area destination or pickup airports to any other:

Boston Logan	KBOS
Bedford	KBED
Norwood	KOWD
Lawrence	KLWM
Beverly	KBVY

(b) *Change to Patient Pickup or Destination Airport*. The Volunteer Pilot, after discussion with the patient, may change the pickup or destination airport for that patient, but must call the Mission Coordinators to advise of the change.

(c) Call the Mission Coordinators to request to be removed from a mission or mission request. An email will be sent to the Volunteer Pilot to confirm his/her removal from a mission which has been assigned to him/her.

7. Actions Before Flying an Assigned Mission

Note: Under some circumstances, contact with the "Patient" as described in this section will be to the patient's parent (if the patient is a child) or the patient's escort.

(a) The assignment of a mission is confirmed by the Volunteer pilot's receipt of the Mission Itinerary for that mission.

© Angel Flight NE – All Rights Reserved V012026

Sample Mission Itinerary



Angel Flight NE

492 Sutton Street
North Andover, MA 01845
978-794-6868 | 978-794-8779 FAX | 24-hour hotline (800) 549-9580

Mission Itinerary

Mission #: 86189
Mission Date: 04-26-2023
Originating Organization:
Date of report: 2023-04-11 13:09:24
Appointment Date/Time: 2023-04-26 12:00:00

Name: Sample Patient
Age: 110
Weight: 200
Contact:
Language:
Best Contact:
Phone: Work: (978) 794-6868
Cell: (978) 794-6868
Illness: Nothing to do
Lodging:
Destination: Mass General Hospital (617) 726-2000
Emergency Contact:
Requester: Passenger Requester
Default Agency
info@angelflightne.org
Flight Time: Flexible

Address: 123 Main St
Somewhere, MA 01234
Other: Email: info@angelflightne.org
Treating Physician: I M Notadoctor Jr Phone: (978) 794-6868
info@angelflightne.org
Releasing Physician: I M Notadoctor Phone: (978) 794-6868
info@angelflightne.org
Secondary:
Phone: Cell: (978) 794-6868

Leg 1: Angel Flight Northeast -- 800-549-9900

FROM: LWM (ET) GMT -4
TO: BOS (ET) GMT -4
Pilot: *Not Assigned*
-->Aircraft:
Airport Name: Lawrence Muni
FBO: Angel Flight NE (LWM)
Airport Name: Boston Logan
FBO: Signature Flight Support (BOS)
Phone:
N Number:
City/St: North Andover, MA
FBO Phone: (978) 794-6868
City/St: Boston, MA
FBO Phone: (617) 561-2500
Ice: **Unknown**

COMPANIONS AND MISSION WEIGHT

Companion name	Relationship	Age	Weight	Phone
Baggage: Personal			50	
Total Mission Weight (passenger, companion(s), baggage):			250	

COMMENTS AND OTHER INFORMATION

Travel Reason: Sample patient

(b) Unless impractical, the assigned Volunteer Pilot should call the patient as soon as feasible after receipt of the Mission Itinerary. In addition to providing a chance for all parties to ask questions and clarify expectations, this contact builds rapport with the patient and the patient's family.

(i) Introduce the pilot to the patient and provide the patient with the pilot's contact information.

(ii) Confirm the information included in the Mission Itinerary:

(A) Date of the Mission

(B) Name(s) of the patient and anyone who will be accompanying the passenger on the mission.

(C) Pickup and destination airports

Note: There may be an airport which is more convenient for the passenger than the one listed in the Mission Itinerary. See Section 5 of this Manual for how to coordinate a change in airports.

© Angel Flight NE – All Rights Reserved V012026

(D) Set the Time of Pickup and note the following:

(1) The Mission Itinerary may include an ETA or an estimated arrival time (ETA) for the destination airport. If an ETA is listed, the Volunteer pilot will need to work "backwards" to determine the pickup time.

(2) If the pilot requests a different ETA/ETD than as listed for the mission, the pilot should indicate that change in "Remarks" when volunteering for the mission.

(3) The Mission Coordinators must be advised of any change to the ETA/ETD after the mission has been assigned since such change needs to be communicated to the patient and any Earth Angels or ground crew drivers.

(E) Confirm the Pickup Location:

(i) Note: The patient may need directions to the pickup airport and to the FBO at that airport, in which event, it would be useful to provide the passenger with both the street address of and phone number for the FBO.

(iii) Advise the passenger of the following:

(A) A photo identification is required for the patient and anyone else flying with the patient.

(B) If the patient or other person flying with the patient would need to be seated in a child's booster seat in a car, then the person escorting the child escort must provide one for the child's use during the mission flight.

(iv) Answer any questions which the passenger might have about the mission.

(c) The Volunteer Pilot should also contact the patient as soon as practical after the mission has been assigned and also on the day prior to the mission to confirm all mission information.

(d) The Volunteer Pilot must advise the Mission Coordinators of any changes to the mission information, including the following:

© Angel Flight NE – All Rights Reserved V012026

(i) Change in passenger(s)

(A) Swapping out of passengers is not permitted without clearance from the Mission Coordinators, as the same might affect the return flight.

(i) If the swap out is cleared by the Mission Coordinators, a new weight and balance should be provided to the Mission Coordinators.

(ii) Change in pickup or destination airports or FBOs.

(e) The following documentation is needed before a mission is flown.

(A) Weight & Balance: To be completed by the Volunteer Pilot and emailed to the Mission Coordinators.

(B) Passenger(s) weights will be included on the Mission Itinerary

(C) Email the Weight and Balance to the Mission Coordinators - info@angelflightne.org. The Patient's name and the Mission Number should be included in the subject line of the email.

(ii) Waiver - Release signed by the patient and by all traveling with the patient if obtained by the pilot planeside.

(A) NOTE: Generally, the waiver release is emailed by the Mission Coordinators to the Volunteer Pilot, prior to the mission date, but there may be situations where the waiver release has not been received prior to the mission. If so, the Volunteer Pilot, upon meet-up with the patient, should obtain the waiver, signed by all passengers, and should send it to the Mission Coordinators, either by mail or by email.

© Angel Flight NE – All Rights Reserved V012026

8. Link – Up (Hand-Off) Missions

> ***A Mission may be split into two or more legs, based on distance to be flown and may involve pilots from other Angel Flight groups. These missions are referred to at AFNE as "Link-Ups."***

(a) The Mission Itinerary for a Link-Up will include contact information for each Volunteer Pilot flying a leg of the mission.

(b) The Volunteer Pilot for Leg 1 of the Link-Up is responsible for contacting the Passenger and deal with the "Actions Before Flying An Assigned Mission" described in Section 6.

(c) The Volunteer Pilots who will be flying the Link-Up mission should contact each other to work out the following:
- (i) Confirm airport and FBO at which the hand-off will take place. The Volunteer Pilots are free to agree to use a different airport and FBO from that included on the Mission Itinerary, in which event the Mission Coordinators should be advised of the change.
- (ii) The time at which the hand-off will take place.

9. Volunteer Pilot's Cancellation of a Mission

(a) The Volunteer Pilot should promptly advise the Mission Coordinators by phone (and not by email or text message) of the Volunteer Pilot's cancellation of his/her flying the mission for any reason, including:
- (i) Forecast weather.
- (ii) The Volunteer Pilot's assessment of his/her fitness to fly (IMSAFE).
- (iii) Conflict in the Volunteer Pilot's calendar.
- (iv) Mission-aircraft mechanical Issues.
- (v) Any other issues

(b) The Volunteer Pilot should not contact the passenger to advise of cancellation, since the Mission Coordinators might be able to reassign the mission to another pilot or find substitute transportation for the passenger.

© Angel Flight NE – All Rights Reserved V012026

10. Flying the Mission and Post Mission

(a) On the day of the mission, the Volunteer Pilot is to:

(i) Fulfill all FAA and other requirements applicable to flying the mission.

(ii) Make his/her go / no-go decision concerning flying the mission.

(iii) File his/her flight plans for the mission.

(b) ADS-B ID Setting

(i) Note that the mission aircraft's ADS-B ID must match the call sign filed for the relevant flight plan.

(ii) The following provides guidance for making sure that the aircraft ADS-B ID matches the call sign filed for the mission:

Transponder Capability	*Call Sign to Enter in Transponder*	*ICOA Flight Plan* ***Comments*** *Box*
Transponder can reset aircraft ID.	The Volunteer Pilot's Angel Flight assigned call sign: NGF----	Insert "Angel Flight N-----"
Transponder cannot reset aircraft ID.	The mission aircraft's tail number: N---	Insert "Angel Fight"

Note that the above table references the aircraft's ID for ADS-B purposes and not the squawk code assigned by ATC as part of its clearance.

(iii) It is suggested that Volunteer Pilots who have resettable transponders add an item to his/her engine start checklist, when flying an Angel Flight mission, to change the aircraft ID to reflect the Angel Flight ID and likewise an item on the engine shutdown checklist to reset the transponder to the aircrafts "N" number.

(c) On meeting the passenger at the FBO, the Volunteer Pilot:

(i) Assures that a waiver-release has been signed by or on behalf of all passengers. If the waiver has not been received prior to the mission, the Volunteer Pilot should obtain the Waiver, signed by all passengers, and send it to the Mission Coordinators, either by mail or by email.

(ii) Escorts the patient and any other passengers to the mission aircraft.

Note: The patient and all passengers must be sufficiently

© Angel Flight NE – All Rights Reserved V012026

ambulatory to enter the mission aircraft and seat him/herself without assistance.

(iii) With the patient's consent, take a picture of the passenger(s) to be emailed to the Mission Coordinators or be uploaded in the post-mission report.

(iv) Assures that all passengers have been seated and have secured their seat belts.

(A) A seat must be provided for each passenger; children are not permitted to sit on their escort's lap.

(B) If a passenger needs to be seated in a child's booster seat in a car, that passenger must be seated in one in the mission aircraft (See FAR 91.107). The booster seat is to be provided by the passenger's escort.

(v) Provides the passengers with a briefing, including:

(A) Expectations for the flight, including:

(i) Duration of flight

(ii) Any anticipated turbulence

(B) Operation of seat belts

(C) Operation of headsets

(D) Sterile cockpit

(E) Emergency egress

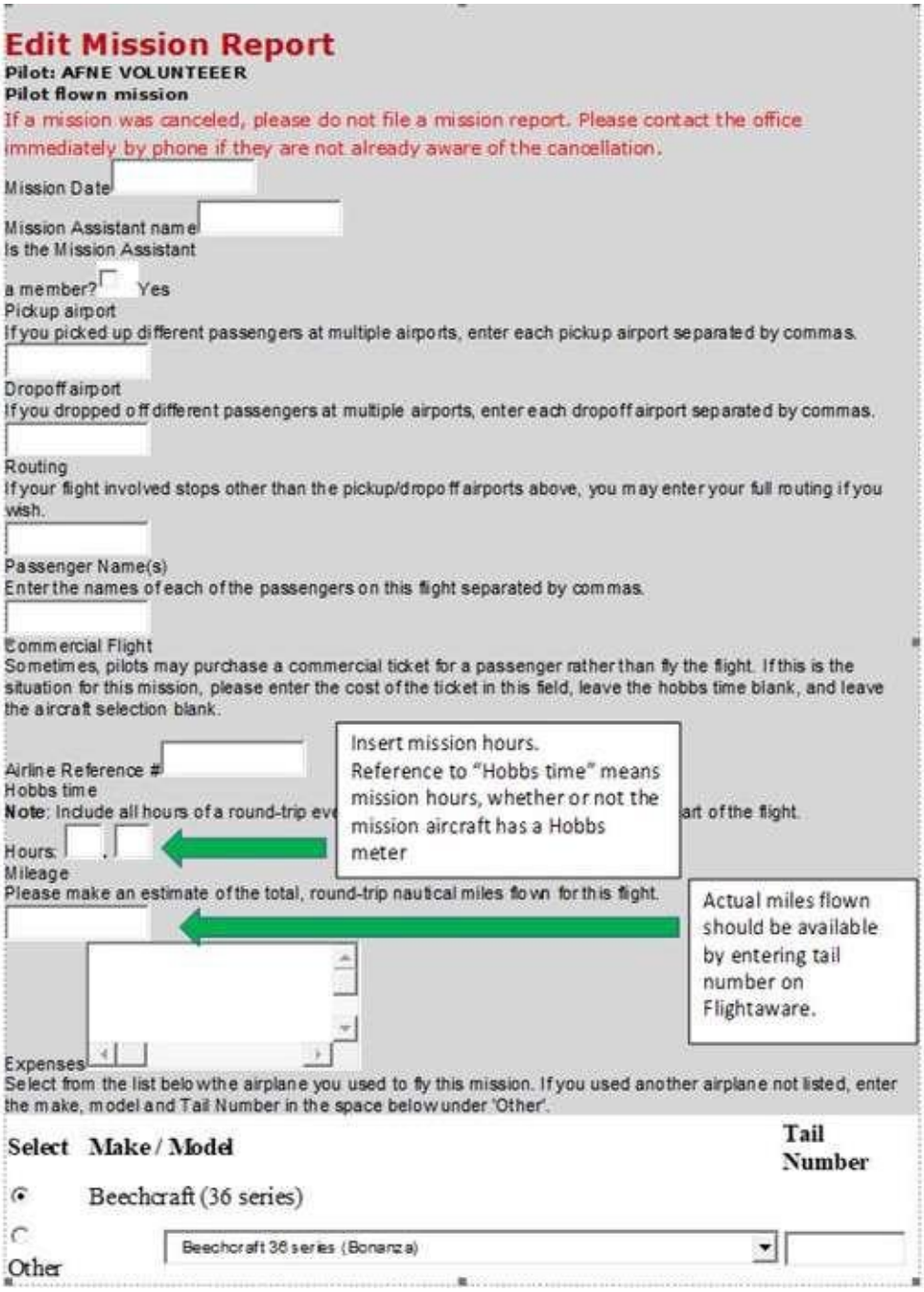
(F) Location of emergency equipment (e.g., fire extinguisher, life jackets, survival gear)

(d) After landing, the Volunteer Pilot should escort the patient and any passengers to the FBO.

11. Post Mission Actions

(a) After completing the Mission, the Volunteer Pilot should file his/her Mission Report promptly. The Mission Report is accessed via the Volunteer Pilot Instrument Panel (more on navigating the Instrument Panel in Section 12).

© Angel Flight NE – All Rights Reserved V012026



© Angel Flight NE – All Rights Reserved V012026

(b) If not previously done, the Volunteer Pilot should forward any pictures of the Passenger to the Mission Coordinators.

(c) The Volunteer Pilot should advise the Mission Coordinators promptly of any flight irregularities and of any passenger problems / issues.

PART III – ADDITIONAL RESOURCES

12. Crisis Management

This section deals with actions to be taken (or not to be taken) by the Volunteer Pilot in the event of an incident, accident, or event relating to an Angel Flight mission.

(a) The Volunteer Pilot shall
- (i) Make patient care and comfort his/her first priority.
- (ii) Advise the Mission Coordination Team of any notable event (s) as promptly as practicable.
- (iii) Direct all inquiries to AFNE.
- (iv) Cooperate with the FAA, NTSB and other governmental authorities.

(b) The Volunteer Pilot *should not*:
- (i) Respond to media inquiries (other than to direct any inquiries to Angel Flight NE's marketing/public relations resource)
- (ii) Speculate as to the cause of the incident, accident, or event.

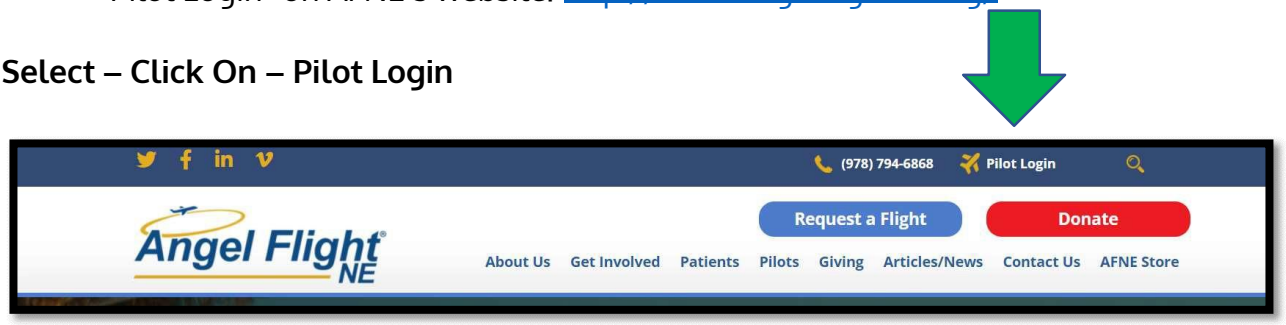
(c) The Volunteer Pilot might wish to:
- (i) File a "NASA Report" concerning the event.
- (ii) Contact legal counsel.
- (iii) Contact his/her insurer.

© Angel Flight NE – All Rights Reserved V012026

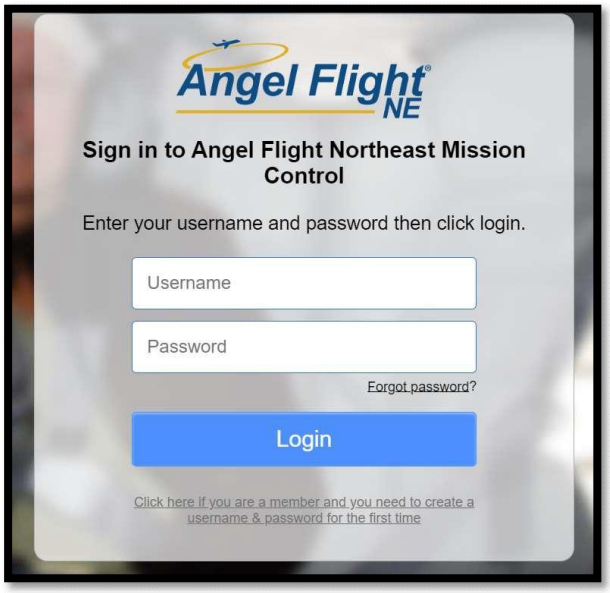
13. Navigating the Volunteer Pilot Instrument Panel

(a) The Volunteer Pilot Instrument Panel is accessed via the "Pilot Login" on AFNE's website: http://www.angelflightne.org/

Select – Click On – Pilot Login



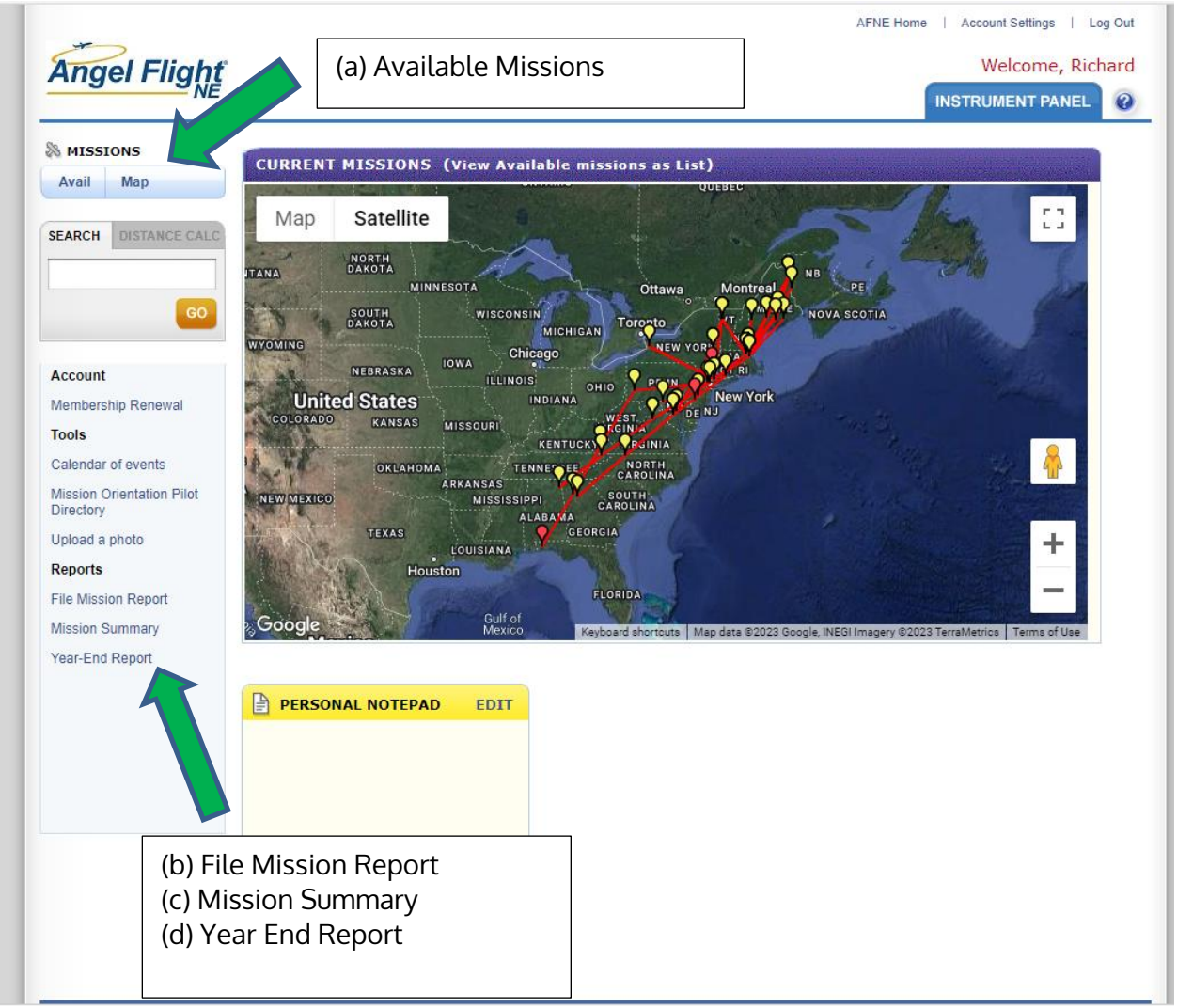
Example of Pilot Login



© Angel Flight NE – All Rights Reserved V012026

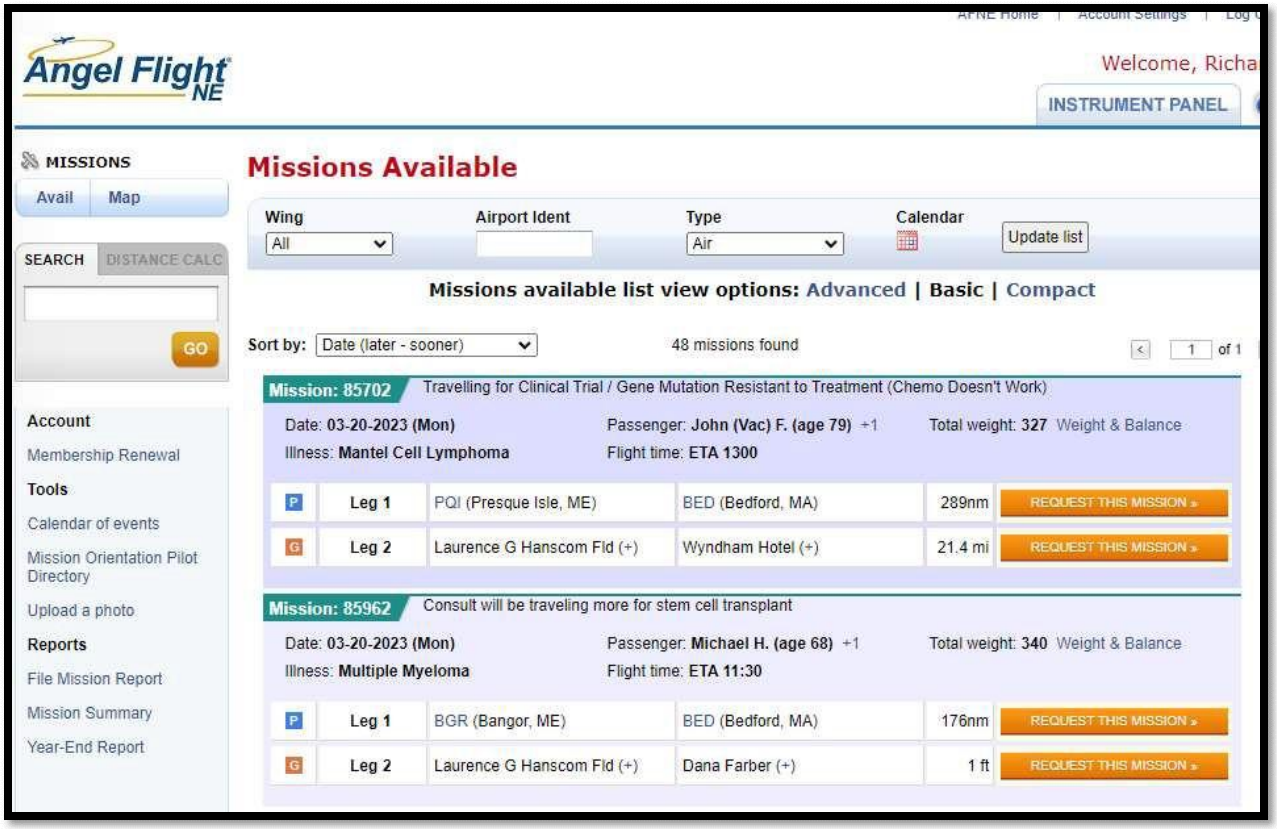
(b) Once logged-in the Volunteer Pilot Homepage will be displayed:

Volunteer Pilot Home Page



© Angel Flight NE – All Rights Reserved V012026

(a) The Link to **Available Missions** will display all then unassigned missions:



(b) **File Mission Reports** show all the Volunteer Pilot's completed missions for which the Volunteer Pilot has not yet filed a Mission Report. An example of a blank Mission Report is included in Section 10 of this Manual.

(c) **Mission Summary** lists all not-yet flown missions then assigned to the Volunteer Pilot.

(d) **Year-End Report** lists all missions flown by the Volunteer Pilot for the period specified by the Volunteer Pilot by changing the start and finish dates on the form.

© Angel Flight NE – All Rights Reserved V012026

14. Resources

(a) AFNE Forms



AUTHORIZATION, RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Pilot: _____ **Co-Pilot:** _____

Aircraft/Vehicle (Type and Number): _____

Patient(s) and/or Supporting Passenger(s): _____

Legal Guardian(s) (if Patient is a child or legally incompetent person): _____

This Authorization, Release of Claims and Indemnity Agreement ("Release") shall be valid as to all flights and other transportation furnished, arranged, coordinated and/or provided by Angel Flight (as set forth below) to the Patient(s) and/or Supporting 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, including on the day of your flight(s).

I/We, _____, (the "Patient(s)" and/or "Supporting Passenger(s)") understand that Angel Flight of New England, Inc. (also known as Angel Flight Northeast) (hereinafter referred to as "Angel Flight") has or will arrange and/or coordinate, one or more flights and/or other transportation (including, but not limited to, "Earth Angel" transportation by ground vehicle), free of charge, for my/our 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. I/We understand that for my/our convenience, it may be necessary for Angel Flight to arrange and/or coordinate one or more flights and/or other transportation with a third party (including, but not limited to, other entities in the Air Charity Network). I/We understand that Angel Flight is neither responsible nor liable for any negligent acts, errors and/or omissions of any such third party. I/We understand that pilot and/or co-pilot qualifications for any such third party may differ from Angel Flight's qualification requirements. I/We understand that the accomplishment of the objective of any flight or other transportation furnished, arranged, coordinated and/or provided by Angel Flight is not guaranteed. I/We understand that Angel Flight and the pilots, co-pilots, operators, owners, lessees and/or lessees 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/we understand that Angel Flight, the pilots, co-pilots, operators, owners, lessees and/or lessees of the aircraft described above and any other vehicles used for the purposes described herein, and the other persons and entities being released by me/us are expressly relying on my/our execution of this Release as a material pre-condition for their agreement to provide, arrange and/or coordinate the volunteer transportation services to me/us at any time. I/We also understand that the pilot and/or co-pilot on any Angel Flight flight may be unable to provide assistance to the Patient(s) and/or Supporting Passenger(s) in boarding or exiting the aircraft, that the Patient(s) and/or Supporting Passenger(s) is/are personally responsible for boarding and exiting the aircraft without assistance from the pilot and/or co-pilot, and that the Patient(s) and/or Supporting Passenger(s) is/are responsible for providing his, her or their own medical assistant(s). I/We also acknowledge that I/we am/are flying on the aircraft(s) and/or riding in the vehicle(s) furnished, arranged, coordinated and/or provided by Angel Flight voluntarily, knowingly and of my/our own free will.

In consideration of the furnishing of services, time, skills, flight, transportation, aircraft, vehicles, and other related costs and expenses being furnished, arranged, coordinated and/or provided as described herein, I/we hereby agree to forever release, discharge, and hold harmless the pilot, co-pilot, operators, aircraft and vehicle owner(s) and/or aircraft and vehicle lessors/ees (as applicable), Angel Flight America, Inc., Angel Flight of New England, Inc., Angel Flight Northeast, and any other similarly named affiliated 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 who referred me/us 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/we may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the flight(s), transportation, the cancellation or delay of the flight(s) and/or transportation, the failure to provide return flight(s) and/or transportation, and/or any other services contemplated by this Release.

This Release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and/or 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, pain and suffering, 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/our execution of this Release, I/we regard the services, time, skills, flight, aircraft, transportation, vehicles, and other related costs and expenses being furnished, arranged, coordinated and/or provided to me/us by the Released Parties as significant, material, and valuable consideration in exchange for this Release, and I/we value this consideration as a significant, material factor in my/our present and continuing well-being and physical prosperity. I/We have completely read and fully understand this document. I/We have spoken with a mission coordinator and/or other persons associated with Angel Flight regarding any and all questions concerning the proposed flight(s) and/or other transportation. To the extent that there is any portion of this document that I/we did not fully comprehend, I/we understand that I/we had and continue to have the right to obtain legal advice from an attorney of my/our choice.

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

This Release may be enforced by any party hereto and/or by any person or organization released in this agreement. I/We agree that this Release shall be governed and interpreted by the laws of the Commonwealth of Massachusetts as a court of competent jurisdiction within the Commonwealth of Massachusetts. I/We further agree that if any provision of this Release is held to be invalid, illegal, unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

Angel Flight Northeast
492 Sutton Street
North Andover, MA
01845-1305
Telephone: 978-794-6868
Fax: 978-794-8779

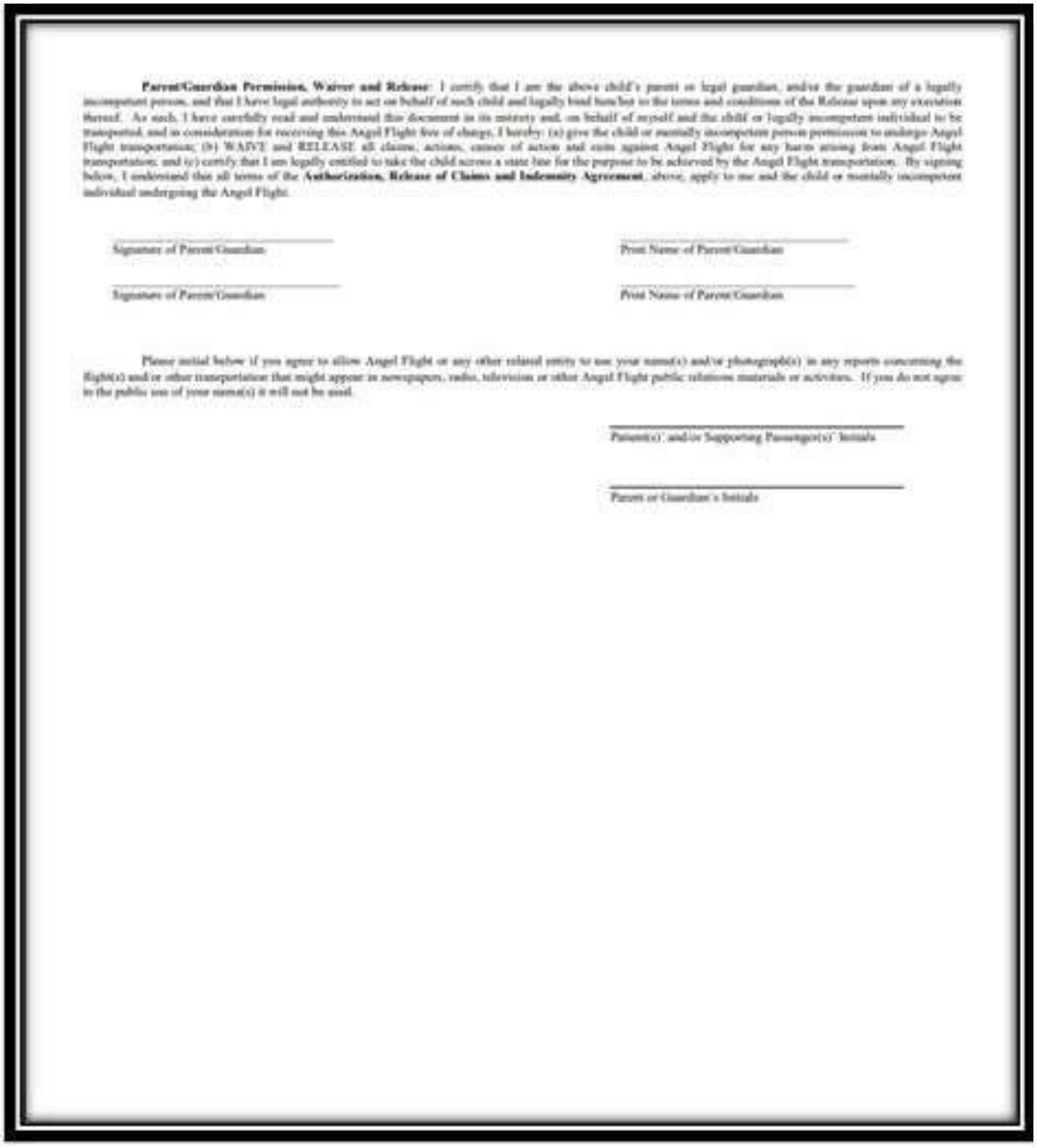
_____ _____
Signature of Patient/Supporting Passenger Print Name of Patient/Supporting Passenger

_____ _____
Signature of Patient/Supporting Passenger Print Name of Patient/Supporting Passenger

Date: _____

Rev: 6/9/2014

© Angel Flight NE – All Rights Reserved V012026



Parent/Guardian Permission, Waiver and Release: I certify that I am the above child's parent or legal guardian, and/or the guardian of a legally incompetent person, and that I have legal authority to act on behalf of such child and legally bind him/her to the terms and conditions of the Release upon my execution thereof. As such, I have carefully read and understand this document in its entirety and, on behalf of myself and the child or legally incompetent individual to be transported, and in consideration for receiving this Angel Flight free of charge, I hereby: (a) give the child or mentally incompetent person permission to undergo Angel Flight transportation; (b) WAIVE and RELEASE all claims, actions, causes of action and suits against Angel Flight for any harm arising from Angel Flight transportation; and (c) certify that I am legally entitled to take the child across a state line for the purpose to be achieved by the Angel Flight transportation. By signing below, I understand that all terms of the **Authorization, Release of Claims and Indemnity Agreement**, above, apply to me and the child or mentally incompetent individual undergoing the Angel Flight.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian

Print Name of Parent/Guardian

Please initial below if you agree to allow Angel Flight or any other related entity to use your name(s) and/or photograph(s) in any reports concerning the flight(s) and/or other transportation that might appear in newspapers, radio, television or other Angel Flight public relations materials or activities. If you do not agree to the public use of your name(s) it will not be used.

Parent(s)' and/or Supporting Passenger(s)' Initials

Parent or Guardian's Initials

(b) AOPA Courses:
"Do the Right Thing: Decision Making for Pilots"
https://www.aopa.org/training-and-safety/online-learning/safety-spotlights/do-the-right- thing

© Angel Flight NE – All Rights Reserved V012026

(c) FAA Courses
"The Art of Aeronautical Decision Making"

Additional AOPA Courses Training Resources:

- Public Benefit Flying
- Say it Right!
- Weather Wise VFR into IMC
- Precipitation and Icing
- Cockpit Weather
- Do the Right Thing



Angel Flight NE

www.angelflightne.org

© Angel Flight NE – All Rights Reserved V012026