

SECTION 2 Rating information

Home Base designator: _____ FBO Name: _____ FBO Phone: (____)-____-_____

Primary Aircraft: own ___ rent ___ club ___ Pressurized: yes ___ no ___

Call Sign N- _____ Make: _____ Model: _____ Number of seats: _____

Ratings: Total Hours PIC: _____ IFR Certified: yes ___ no ___ Multi-engine rated: yes ___ no ___

MEI: yes ___ no ___ MEII: yes ___ no ___ CFI: yes ___ no ___ CFII: yes ___ no ___

Medical Expiration Date _____ BFR Expiration Date _____

SECTION 3 Availability

___ I AM ___ I AM NOT usually available during normal business hours WITHOUT advance notice.

___ I AM ___ I AM NOT usually available for flights during business hours WITH advance notice.

___ I AM ___ I AM NOT usually available for flights in the EARLY EVENING.

___ I AM ___ I AM NOT usually available for flights LATE AT NIGHT (usually only transplant pilots).

___ I AM ___ I AM NOT usually available for flights on weekends.

Any other restrictions on your availability? _____

SECTION 4 Interests

How did you hear about us? _____ Languages spoken: _____

Many members lend valuable assistance beyond flying missions. If interested, please indicate below how you might be able to help.

___ Fundraising ___ Member meetings ___ Writing(Articles,grants etc.) ___ Health care contacts

___ Public Relations ___ Speakers bureau ___ Pilot Recruitments ___ Corporate & Foundation

___ Computers ___ Graphic art and design ___ Celebrity contacts ___ Other

List Civic, Fraternal And other groups to which you belong _____

Included in your membership processing fee is your choice of an Mercy Flight™ polo shirt **OR** an Mercy Flight™ baseball cap. Please circle your selection and size below.

Polo shirt: Small Med Large XL XXL

Hat: One size

I, the undersigned applicant, hereby affirm that all information that I provided with this form is true, complete and correct. I agree to abide by Federal Aviation Administration (FAA) regulations. Membership in Mercy Flight™ Southeast is a privilege and I understand it is subject to revocation. I understand that any false information made herein will void my Application for CoPilot with Mercy Flight™ Southeast.

I hereby authorize any law enforcement agency to furnish Mercy Flight™ Southeast or its agent information related to my criminal history. I hereby release Mercy Flight™ Southeast and all its agents and employees, the law enforcement agency and all employees of the law enforcement agencies furnishing information from all liability resulting from the furnishing of this information to Mercy Flight™ Southeast.

SIGNATURE _____ **DATE** _____