



2007 Pilot Application

Grace Flight

Title (Dr., Mr.): _____ First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Secondary Email: _____

Is your spouse a pilot? _____ Are you interested in flying as a mission assistant? _____

Language you speak _____ DOB: _____ Weight: _____ (lbs.) Height: _____ (in.)

Home Base Airport: _____ FBO(s) you use: _____ Pilot Certificate # _____

Ratings: Private IFR Multi CFI CFII Commercial ATP Other T-Shirt Size: _____

Medical Class: Class I Class II Class III Total Flight Hours: _____ IFR: _____ VFR: _____

Make: _____ Model: _____ Icing? _____ Own/Rent: _____ Tail # _____ # of Seats? _____

Availability: Weekdays Weeknights Weekends Only with advanced notice Last-minute flights

Many Grace Flight members lend valuable assistance beyond providing flying skills. Please indicate any areas in which you may be willing to assist us:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Mission Orientation | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Computers | <input type="checkbox"/> Wing Leadership |
| <input type="checkbox"/> Mission Coordination | <input type="checkbox"/> Hospital Outreach | <input type="checkbox"/> Clerical | <input type="checkbox"/> Web/Internet |
| <input type="checkbox"/> Pilot Recruitment | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Printing | <input type="checkbox"/> Foundation Contacts |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Aviation Business Contacts |
| <input type="checkbox"/> Celebrity Contacts | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Writing (grants, newsletter, etc.) | |

Are you a member? AOPA Kiwanis Rotary Lions Women in Aviation

Your Company Name or Employer Name: _____

Your Company or Employer Name: _____ Your Position: _____

Does your company provide matching grants? _____ How did you hear about Grace Flight? _____

Subscribe to receive emails listing available missions? _____ Interested in serving as a Homeland Security Pilot? _____

AFFIRMATION:

I certify: that in accepting an Grace Flight assignment I have current FAA pilot licenses and endorsements, a minimum of 250 hours total time, proper aircraft airworthiness certificates and inspections; that my medical requirements and flight review are current; that, if required, I will be current for instrument flight and that I will be current in the type of aircraft to be flown; that I will maintain aviation liability insurance coverage and ensure a current copy of which is kept in Grace Flight office; that if any changes occurs in the above information I will inform Grace Flight s of such changes before accepting any assignments; and, that I release Grace Flight from any and all liability.

Date: _____ Pilot's Signature: _____

Please mail to: Grace Flight, 4310 Amelia Earhart Drive, Addison, TX 75001 or fax (972) 858-5492.