



Pilots For Patients Volunteer Pilot Application

Name _____ Date _____, 20____
Last First M.I.

_____ lbs.
D.O.B. Weight

Address

Street Address and/or P.O. Box _____

City State Zip _____

Residence _____
Phone FAX Email Address

Office _____
Phone FAX Email Address

Other _____
Pager Mobile Phone

Employer _____ Occupation _____

Emergency
Contact _____ Relationship _____ Phone# _____

TOTAL Flight Time To Date _____ hrs. (minimum of 250 hours PIC required)

Certificates Pvt _____ IFR _____ Com _____ ATP _____ CFI _____ CFII _____ ME _____

Liability Insurance Carrier _____ Liability Limit\$ _____

Primary Aircraft Information: (Please attach listing of additional aircraft, if applicable.)

Type _____ Designation Code _____
Example: C-182, PA -23, BE 35

N Number _____ Color(s) _____

Filing Airspeed _____ kts Approximate Range _____ nm

Cost Per Hr _____ Pressurized: Yes: _____ # Passengers _____ Experimental?: Yes _____

Payload, after pilot & full fuel _____ lbs

Home Airport _____
Name Identifier: IXD

FBO _____ Phone - - _____

**Note: You must send with this form a photocopy of your Pilot License, and Current Medical to:
Pilots For Patients**

3127 Mercedes Dr, Monroe, LA 71201



Pilots For Patients

Pilots For Patients is not a licensing authority, and does not pass judgment on the capabilities of its volunteer pilots. However, before accepting any volunteer pilot, it is our policy to inquire into any accident history, or any history of an FAA enforcement against you within the last five years. Please provide details below should this situation be applicable.

In accepting a referral from Pilots for Patients, I agree to provide transportation at no cost to those we serve. When I accept a referral, I do so as a volunteer pilot, not as an agent, servant or employee of Pilots for Patients. I will only accept a referral, provided that all my applicable pilot certificates and medical certificate are current and valid and I meet all recent flight experience requirements for such flight(s). I agree to abide at all times by all applicable Federal Aviation Regulations in the conduct of the flight, and to provide transportation in an "airworthy" aircraft, as defined by the Federal Aviation Regulations. In addition, I certify that before accepting any referral, I will have in force a liability policy covering myself and my aircraft for not less than \$1,000,000. I recognize that I am considered as "Pilot in Command," and that all decisions with regard to any flight conducted by me are mine alone, and I agree to always remember that safety comes first. In accepting a referral and in providing transportation, I release, indemnify and hold harmless Pilots for Patients from any liability that might arise from my actions.

Signature

Name, Please Print

_____, 20 ____
Date

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