

Volunteer Pilot Application

Completed applications may be faxed back to 800-822-7969

or mailed to: LifeLine Pilots

Greater Peoria Airport
Byerly Terminal, Suite 302
6100 W. Dirksen Parkway
Peoria, IL 61607

Office Phone: 800-822-7972

Office Email: mail@lifelinepilots.org



Qualifications for Volunteer Pilots:

1. 21 years of age or older;
2. Must be current with a minimum of 250 hours of pilot in command time;
3. Submit a completed and signed application;
4. Provide proof of insurance with a copy of the declaration or certificate page;
5. Send a copy of most recent log book entry for BFR or wings phase;
6. Provide updated information whenever reportable changes occur such as loss of privilege, contact or aircraft insurance information;

Name: _____

Date of Birth: _____

Address: _____

Employer: _____

Title Position: _____

Home Phone: _____

Business Phone: _____

Home Fax: _____

Business Fax: _____

Cell Phone: _____

Pager: _____

Home Email: _____

Business Email: _____

Emergency Contact: _____

Phone of Emergency Contact: _____

Languages Spoken other than English: _____

Prefer to be contacted by: _____

Pilot Certificate #: _____

PIC Flight Hours: _____

Ratings: ASEL ___; AMEL ___; PVT ___; COM ___; ATP ___; IFR ___; CFI ___; CFII ___; Other ___

Date of Medical: _____

Class of Medical: _____

Available for (check all that apply) the following type of missions:

___ Type I – Medical – transport of patients for direct healthcare plus tissue transport, etc.

___ Type II – Humanitarian – transportation for caregivers exchanges, children to specialized camps, final visit for hospice situations, etc.

Aircraft Information:

Circle one: Own / Rent Manufacturer: _____ Model: _____

Tail Number: N _____ Speed: _____ knots No. of seats: _____ Useful load: _____

Wing type: _____ Boarding: _____ Pressurized: _____ De-Ice: _____

Based at: _____ FBO: _____ FBO Phone: _____

Insurance:

If you do not have Owner's/Renter's Liability Insurance, you can not fly for LifeLine Pilots. Please obtain Owner's/Renter's Liability Insurance and provide a copy of the Declaration page of Certificate of Insurance as verification.

Name of Aviation Liability Insurer _____

Amount of Liability Coverage:\$ _____ **Per seat limitation:\$** _____

Important Notice:

Have you ever been the pilot-in-command involved in a flying accident or incident? Yes: ___ No: ___

Has your pilot's certificate ever been suspended or revoked? Yes: ___ No: ___

If you have answered "Yes" to either of the above two questions, you must describe the circumstances on a separate page and send a copy of any correspondence with the FAA or NTSB when you send this application.

LifeLine, Inc. is a not-for-profit, 501 (c)(3), humanitarian agency chartered in Illinois in 1981. It operates as LifeLine Pilots, facilitating access to free air transportation for people in medical and financial distress on small, private aircraft for distant healthcare and other compelling human needs. All services are provided free of charge. It is understood that LifeLine Pilots can not assign a value for the operation of any aircraft for tax purposes. Please consult a qualified tax attorney or accountant on this matter.

As a volunteer pilot, I hereby certify that all the information on this form is correct, and I will hold LifeLine, Inc. dba LifeLine Pilots harmless from any and all liabilities, including but not limited to: liability for negligence, injury, or property damage. While LifeLine Pilots can only serve people in financial and medical need who meet its flight qualifications, the services of LifeLine Pilots are available to all regardless of race, religion, national origin, age, marital status, disability or medical problem. It is a privilege to serve as a LifeLine Pilot and I am aware that this privilege is subject to revocation. I will obey all Federal Aviation Regulations (FARS) and present a professional and courteous image when on all flights arranged by LifeLine Pilots. I will not accept any tangible goods, honorarium or gratuity from flight recipients or accompanying passengers.

I also certify that my aviation insurance policy is currently in effect and that I have liability insurance for my aircraft and/or includes my use of a rented or borrowed aircraft. Such insurance will be in effect when on all flights arranged by LifeLine, Inc. dba LifeLine Pilots.

Pilot's Printed Name: _____

Pilot's Signature: _____ Date: _____

How did you hear about LifeLine Pilots? _____

In addition to flying missions, many of our volunteer pilots serve in other capacities. Please indicate your interest:

- 1. Speaking at local organizations about LifeLine Pilots: Yes ___ No ___ We supply you with presentation material.
- 2. Keeping your FBO stocked with LifeLine Pilots' information: Yes ___ No ___
- 3. Serving on the board or a committee: Yes ___ No ___

Please stop by the LifeLine Pilots' office on the third floor of Byerly Aviation at PIA, Peoria, IL to meet the staff and view the operation first hand.

Thank You for Caring about Helping Others in Need!