



## ***New Members***

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See: <http://www.flightsforlife.org/>





## Flights for Life Pilot Requirements

### PILOTS MUST POSSESS:

- A valid and current **FAA pilot certificate**
- Either a valid and current **FAA medical certificate**, or qualify under **BasicMed**

### TO FLY PIC ON DAY CARGO MISSIONS, PILOTS MUST HAVE:

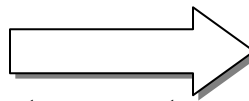
- 100 Hours as PIC
- 25 Hours cross-country.
- 5 Hours minimum time in aircraft make and model to be flown
  - If in high performance aircraft, 10 Hours minimum

### NOTE: Before flying Night Cargo Missions, you must meet the following minimum requirements:

- 300 Hours as PIC. If you have an Instrument rating – 200 hours as PIC.
- 50 Hours cross-country.
- 30 Hours at night. If you have an Instrument Rating – 15 hours at night.

### YOUR APPLICATION PACKAGE WILL INCLUDE:

- Completed and signed application and waiver (pages 3 & 4)
- **Copies of:**
  - Your Airman Certificate, front and back.
  - Either your Medical Certificate or your BasicMed Physician Checklist and Certificate of Completion of the BasicMed Medical Education Course.
  - Logbook pages, demonstrating that you meet the Flights for Life flight time requirements for pilots.
  - Logbook page with your current Flight Review, **or**
  - A copy of your FAA Wings *Certificate or Proficiency/Flight Review.*
  - Logbook page or pages demonstrating that you meet FAA Recency of Experience Requirements.
  - \$40 check, payable to Flights for Life. This is your initiation fee.



### MAIL YOUR PACKAGE TO:

**Flights for Life, Inc.**  
P.O. Box 26485  
Phoenix, AZ 85068-6485



If you wish, you may email your completed package (in PDF) to **recordskeeper@flightsforlife.org**  
**Mail your \$40 check to:** the Phoenix address shown in the **yellow** box.



# FLIGHTS FOR LIFE, INC.

Volunteer Mercy Pilots  
Phoenix, Arizona  
New Member Application

<b>NAME:</b>	<b>DATE:</b>
<b>STREET:</b>	
<b>CITY, STATE &amp; ZIP:</b>	
<b>HOME PHONE:</b>	(    )    -
<b>WORK PHONE:</b>	(    )    -
<b>MOBILE PHONE:</b>	(    )    -
<b>EMAIL ADDRESS:</b>	@

UNSCHEDULED MISSION NOTIFICATION METHOD					
Do you wish to receive text messages?	YES	<input type="checkbox"/>		NO	<input type="checkbox"/>
Do you wish to receive email messages?	YES	<input type="checkbox"/>		NO	<input type="checkbox"/>

PILOT INFORMATION		
<b>FAA Certificate #</b>	<b>Instrument Rated? Yes or No</b>	<b>Do you have a CFI? Yes or No</b>

FLIGHT HOURS			
<b>PIC</b>	<b>Cross Country</b>	<b>Night</b>	<b>In the Last 12 Months</b>

DOB, MEDICAL & FLIGHT REVIEW			
<b>Date of Birth</b>	<b>Date Last Medical or Date BasicMed Exam &amp; Course</b>	<b>Medical Class or BasicMed</b>	<b>Date Last Flight Review</b>
<b>FAA Med. Special Issuance &gt;&gt;:</b>			
<b>SI Expiration Date &gt;&gt;:</b>			

YOUR AIRCRAFT							
<b>Own</b>	<b>Rent</b>	<b>Turbo, Yes or No</b>	<b>Make &amp; Model</b>	<b>HP</b>	<b>N Number</b>	<b>Color</b>	<b>Home Base</b>
					N		

INITIAL APPLICATIONS: Mail the completed forms with an Initiaion Fee check for \$40.00, payable to FLIGHTS FOR LIFE, INC., to FLIGHTS FOR LIFE, INC., P.O. BOX 26485, PHOENIX, AZ 85068-6485

I hereby certify that all statements and answers provided by me on this application are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for membership in FLIGHTS FOR LIFE.

Signature: \_\_\_\_\_

# **FLIGHTS FOR LIFE, INC.**

## **WAIVER OF LIABILITY**

### **(FFL PILOTS AND MEMBERS)**

Flights For Life, Inc. (FFL) is a non-commercial, non-profit, tax exempt, volunteer public service organization. The FFL pilots voluntarily provide free air transportation by privately owned or rented aircraft and are not financially reimbursed for the expense of these flights. The pilots and members agree that they are voluntarily providing air transportation of cargo (human blood, tissue, organs or supplies), free of charge, for the purpose of FFL. In addition, they agree that they are voluntarily providing eligible patients with transportation, free of charge, traveling to and/or from prescribed medical treatment, evaluation, or for other medically related purposes.

I, the undersigned FFL pilot or member flying as a companion, agree to waive and do waive and release FFL, and its officers, directors and volunteer pilots, from any and all claims including, but not limited to, liability for negligence, any personal injury or property damage that might be suffered, and any wrongful death action which an estate might bring, arising out of injury during any FFL flight. It is understood and acknowledged that my signing of this Waiver of Liability is bound and effective for any and all FFL flights on this day or any day in the future.

I further understand that the pilot in command of any FFL flight has the final decision concerning the cancellation of the flight due to weather, mechanical problems, or for any reason whatsoever, if in his judgment the flight cannot be completed in a safe manner. The providing of this transportation is totally voluntary and if there is any reason whatsoever that the flight cannot be completed in a safe manner the flight is to be cancelled and alternative transportation for the patient/passenger or cargo will be found.

I also understand that neither the pilot nor the co-pilot/member can attend to any in-flight medical situation, as their sole responsibility is to safely fly the aircraft.

Name (Print or Type) \_\_\_\_\_ Date: \_\_\_\_\_

Pilot/Member Signature \_\_\_\_\_