

Pilots for Christ, Incorporated

PO Box 707, Monroeville, Alabama 36461 Email: pilotsforchrist@yahoo.com

Phone: 251-575-9425; 251-282-9100; FAX: 251-575-7746

APPLICATION FOR PILOTS FOR CHRIST AIR TRANSPORTATION SERVICES

Patient's Name: _____ Age _____ Sex _____ Weight _____

Patient's Phone Number: (Cell) _____ (Home) _____

Nature of Need (Check the box):

- Time-Critical (Need for travel in the Next 24hours or as soon as possible)
- Financial Need (individual and family unable to provide finances for trip)
- Compassion (physically unable to travel by any other means including commercial airlines) _____
- Lack of local/nearby commercial service**
- Low Immunity System; not safe to be in presence of large groups of people.

A letter from any doctor indicating that the person can travel, is required, as well as, a list of any special equipment that may be needed. We will not accept an application if the person requires any equipment, incubator, etc. Wheel chair **may** be accepted. Initial _____

Church Phone Number _____ Pastor's Cell Number _____

Rate your ability to travel (scale 1-10; 1-can easily travel / 10-have difficulty traveling) _____

Name of your Church _____ Pastor's Name _____

Requested Date of Travel: _____ Patient's Current Address: _____

Patient's Destination: _____ Address and Number at Destination: _____

Caregiver traveling with patient (Guarantee of only 2 seats (1 seat for patient / 1 seat for caregiver):

Name: _____ Male _____ Female _____ Weight _____

Is a return flight requested? YES _____ NO _____. If yes, what date? ____/____/____ (no guarantees)

Other Important Information: Please initial:

1. _____ In an effort to be good stewards of the personal donations and resources God provides Pilots for Christ, **we seek to focus our services** on individuals and families during their critical time of need. In order to do this, we ask that you request a flight **ONLY when actual medical procedures/treatments are to be administered.**
2. _____ Patients must understand that while they may carry their own oxygen in an FFA-approved container, PFC volunteers are not able to provide any medical service before, during, or after the flight.
3. _____ Patients must arrange their own ground transportation.
4. _____ **BAGGAGE:** Flexible bags are recommended...**LESS than 50lbs.**
5. _____ **Patients should have back-up transportation in the event of a last minute cancellation of our flight, such as inclement weather.**
6. _____ Patients must be physically fit to travel in a non-pressurized aircraft up to 11,000 feet MSL, without access to lavatory facilities, for the duration of the flight.
7. _____ Is the person able to get into and out of the aircraft with minimal assistance?

BY INITIALING THIS LINE YOU ARE ACCEPTING ALL TERMS, CONDITIONS, AND LIMITATIONS AS SET FORTH ON THIS FORM BY PILOTS FOR CHRIST. YOU GUARANTEE ALL YOUR INFORMATION IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. YOU PROMISE TO HOLD HARMLESS/BLAMELESS PILOTS FOR CHRIST AND EVERYONE THAT IS ASSOCIATED WITH PILOTS FOR CHRIST.

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“Whatever you did for one of the least of these, you did for me.” – Matthew 25:40

Pilots for Christ, In. (PFC), a non-profit, volunteer public service organization and its volunteer pilots(s) hereby agree to provide the following passenger(s)

_____ (and) _____

With air transportation, free of charge, for the passenger’s convenience in obtaining, assisting with, or returning from medical treatment or diagnosis, or any other PFC approved mission flights.

In consideration for receiving this air transportation free of charge, I agree to hold harmless PFC and its volunteer pilot(s) from any and all liability, including, but not limited to, liability for negligence, for any personal injury or property damage I might suffer, and for any wrongful death action which my estate might otherwise bring arising out of such injury, while I am a passenger on the aircraft arranged by PFC and flown by its volunteer pilot(s). I further declare that I do not need any medical assistance during this flight, and I understand this flight will be conducted under Part 91 of the Federal Aviation Regulations which does not require the same standards that apply to a commercial flight. (Part 121 or 135).

Initial _____

I understand it is my sole and exclusive responsibility, as a patient and passenger, to purchase any flight or accident insurance should I desire to be insured on this flight. I also understand PFC is not responsible for a pilot’s currency requirements; however, I may contact the pilot prior to flight for verification. Initial _____

In the event that any portion of this agreement is held invalid, the remaining portions shall remain in full force and effect. Initial _____

I understand that in order to continue to provide its free community service, PFC relies upon contributions which are in part solicited through publicity (Facebook, Instagram, other social media... In order to contribute to their efforts, I grant Pilots for Christ, Inc permission to take and use my photograph, personal information, and medical information for prayer, promotion and public relations.

Initial _____

As evidenced by my signature below, I have read this agreement in its entirety and agree to all its terms.

Print Name (Passenger 1)

Print Name (Passenger 2)

Signature

Signature

Date Signed

Date Signed

Street Address

Street Address

City, State, Zip

City, State, Zip

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PO Box 707, Monroeville, Alabama 36461

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FAX: 251-575-7746

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Physician's Evaluation of Eligibility

Patient's Name: _____ Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ -- _____

Patient's medical diagnosis and reason for flight: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____

Medical reason for requested travel: Please check the box.

- Time-Critical: Next _____ hrs.
- Compassion (physically unable to travel by any other means)
- Low Immunity System
- Other, please explain: _____

PILOTS FOR CHRIST, INC. IS NOT AN AIR AMBULANCE

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 11,000 feet above sea level, and that said patient has no need of medical assistance enroute.

Signed: _____ M.D./D.O. Date: _____

Print: _____

(Electronic signatures are acceptable and considered legally binding.)

*Please complete and return by **email or fax** as soon as possible so transportation can be arranged. Pilots For Christ appreciates your valuable assistance and medical care you are providing this individual/family and we are here to assist and serve you in any way we can.
THANK YOU!*