

**Mercy Flight**  
**P.O. Box 477**  
**Goodland, IN 47948-0477**  
**219-297-3500**  
**fax 219-297-4554**  
**e-mail [MercyFlightIndiana@Earthlink.net](mailto:MercyFlightIndiana@Earthlink.net)**

Dear Pilot,

These are truly exciting times. Mercy Flight helps so many people, and the thought of you joining us in this truly worthwhile effort is indeed exciting. Included is a copy of our Pilot Membership Application, and Volunteer Waiver of Liability forms. Please fill them out and return them to the above address.

We certainly are not limited to serving residents of Indiana and Illinois, but will serve the nearby areas of the neighboring states as well. If you know of other pilots or aircraft owners who are interested in being part of the Mercy Flight family, please feel free to give them a copy of our forms. We would love to have as many pilots and airplanes as possible, the need is great.

Thank you very much for your interest in Mercy Flight. It is so incredibly rewarding to use the gifts we have been given to help someone who, without your help, could not travel for the treatment they need. The look in their eyes is something I will never forget. I am so happy you will soon get those same looks.

Sincerely,

*James Butler*

James Butler



**Mercy Flight-Illiana**  
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How does Mercy Flight work?

We send out mailings periodically to hospitals, clinics, churches, county children's divisions, school guidance counselors and others to advise them of the services we make available.

As needs arise, these organizations contact us. Our flight coordinator screens the potential flight candidate as to suitability for flight, and financial need. Forms are sent to be filled out by the candidate's physician certifying the person is capable of flight in an unpressurized airplane. After all of this is completed, the flight coordinator compiles a list of missions including the place of origin, destination, requested day of the flight, weight of the candidate and their flying partner, if they have one, weight of their baggage and a brief description of the reason for flight.

This mission list is then sent to our roster of pilots via e-mail. Most of our pilots provide their own airplane, however, some pilots do not own an aircraft. Some aircraft owners are willing to donate their airplane, but personally don't have time to actually make the flight. We will then work to put pilots together with airplanes to accomplish the mission. The pilots can then select whatever mission fits their schedule, and notifies the flight coordinator via e-mail.

The missions are generally assigned on a first come, first served basis. The flight coordinator faxes or e-mails release of liability forms and other information to the pilot for that specific mission. The pilot selects his second-in-command, makes contact with the flight candidate to schedule pick-up times, flies the mission, and notifies the flight coordinator that the mission has been completed. Just after the end of the year, a report is mailed to each active pilot stating the miles flown for their tax reporting.

Mercy Flight is funded entirely through donations. Periodically solicitations are sent, talks are given and fund raising events are held. The proceeds are used for the payment of the flight coordinator, postage, telephone expenses and internet expenses. Mercy Flight is a not-for-profit Indiana corporation. Mercy Flight is a board of directors driven organization.

All involved then sit back, reflect on what they have done, and glow.



*Giving Hope to Those in Need*

Mission # \_\_\_\_\_

### Mission Report

Thank you very much for accepting this mission. You are making a positive difference in someone's life. Please complete this report and fax it to 219-297-4554, or e-mail it to [MercyFlightIndiana@Earthlink.net](mailto:MercyFlightIndiana@Earthlink.net) Please send it as soon as the mission is complete. Information on this form is needed to coordinate any return flight that may be required.

PIC \_\_\_\_\_ SIC \_\_\_\_\_

Mission Date \_\_\_\_\_ Aircraft Tail #N \_\_\_\_\_

Recipient name \_\_\_\_\_ Weight \_\_\_\_\_ Phone # \_\_\_\_\_

Passenger name \_\_\_\_\_ Weight \_\_\_\_\_

Passenger name \_\_\_\_\_ Weight \_\_\_\_\_

Total baggage weight \_\_\_\_\_ Aircraft type \_\_\_\_\_

Departure airport \_\_\_\_\_ FBO \_\_\_\_\_

Destination airport \_\_\_\_\_ FBO \_\_\_\_\_

Destination FBO's telephone number \_\_\_\_\_

Final destination address: \_\_\_\_\_

Telephone number at destination where recipient may be reached \_\_\_\_\_

Total flight time for this mission \_\_\_\_\_ hrs Statute Miles \_\_\_\_\_ Fuel used \_\_\_\_\_ gal.

Landing fee waived? \_\_\_\_\_ Fuel discount given? \_\_\_\_\_

Reason for flight: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Operational Guideline Review

1. Contact the passengers at least 24 hours prior to departure. Advise them of the airport and FBO you intend to use. Be sure to give them your telephone numbers, and request they write them down. Also, be sure to give them the telephone number of the FBO you will depart from, and also of the FBO where you will leave them. Most passengers will not be familiar with general aviation air travel, and will need to have the difference explained between an FBO terminal and a commercial aviation terminal, please advise them.
2. Request the passengers arrive at the airport at least 30 minutes prior to departure.
3. Obtain a thorough weather briefing. A co-pilot is strongly encouraged. You are the pilot in command and have the final word as to the conduct of any aspect of this flight.
4. When filing the flight plan for the legs with the patient onboard, use the word "Compassion" followed by the last three digits of your aircraft tail number. Put the words "Mercy Flight" in the comments section of the flight plan. When you use this call sign, ATC will expedite your handling. (Some controllers may not be familiar with "Compassion" call-signs, so patience may be needed.) If during your flight, the condition of the patient deteriorates, advise ATC you need priority handling and you need to change your call-sign from "Compassion" to "Lifeguard". This will move you up one level in priority.
5. Only the flight crew may place luggage onboard the airplane. (This is for liability reasons.)
6. Be sure to observe passenger boarding. (Again, this is for liability reasons.)
7. Recipients should be ambulatory and not require help in boarding the aircraft. (This is one of the questions we ask during screening.)
8. Provide a thorough cabin briefing prior to engine start, including emergency procedures, use of seatbelts, intercoms, emergency exit, floatation device location (if applicable) etc.
9. Visually check for, and require seat belt use during all phases of aircraft operations.
10. Keep passengers informed of the progress of the flights, and any changes that may be needed.
11. Ask for "Pilot Discretion" descents to enhance passenger comfort. Try to keep the descent rate to less than 500 feet per minute if possible. (300 is better)
12. Inform the Flight Coordinator of the airport and FBO you intend to use. We will contact them and ask that landing fees be waived, and fuel discounts given. We will not always be successful, but be sure to ask if the landing fees have been waived, and if the fuel discount has been granted.
13. Notify the Flight Coordinator by phone (219-297-3500) fax, 219-297-4554, or e-mail (<mailto:MercyFlightIndiana@earthlink.net>) when the mission has changed, been canceled or has been completed.
14. Thank you very much for "Giving Hope to Someone in Need". You have made a positive difference in someone's life.



***Giving Hope to Those in Need***

**Pilot Membership Application**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Certificates/Ratings: Private \_\_\_\_ Commercial \_\_\_\_ ATP \_\_\_\_ CFI \_\_\_\_ Instrument \_\_\_\_

Certificate number \_\_\_\_\_ Date of last medical: \_\_\_\_\_

Date of last biannual flight review: \_\_\_\_\_ Total flight time: \_\_\_\_\_

Total instrument time: \_\_\_\_\_

Please attach photocopies of your license, medical and last biannual flight review endorsement. Applications cannot be processed without these attachments.

I am qualified in the following aircraft:

Type: \_\_\_\_\_ Total time in type: \_\_\_\_\_ Date last flown: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I own or have access to the following aircraft:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Range: \_\_\_\_\_  
\_\_\_\_\_ km

Useful Load, excluding fuel: \_\_\_\_\_ lbs N#: \_\_\_\_\_ # Seats: \_\_\_\_\_

Radar or onboard weather: \_\_\_\_\_ De-ice: \_\_\_\_\_

I certify the above information is correct:

\_\_\_\_\_ Date: \_\_\_\_\_

*Signature*



*Giving Hope to Those in Need*

### **Pilot/Volunteer Waiver of Liability**

To Whom it May Concern:

In consideration of being given the opportunity to fly missions referred by Mercy Flight, I do hereby **release** the Mercy Flight organization, its officers, members, directors, employees, associates, pilots and aircraft owners, fully and without reservation, from any and all claims whatsoever of culpability, responsibility, fault or liability, for any inadvertent injury and/or damage suffered while on a referred mission; and furthermore, I do herewith, unequivocally **waive and deny**, for myself and all my assigns, all rights to pursue any action against Mercy Flight, its officers, members, directors, employees, associates, pilots and aircraft owners on a referred mission, for any action or inaction executed or suffered by them or me in good faith. In the event any one or more of the elements in this waiver are for any reason held to be invalid or unenforceable in any respect, it shall not affect any other provision of this waiver.

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

\_\_\_\_\_  
Printed Name

Signature witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name of witness

Witnesses' address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Return completed form to:

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