

Mercy Flight

7450 W 1350 N
DeMotte, IN 46310
219-297-3500
Cheryl@mercyflightindiana.com

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,
Cheryl Sjaardema



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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) 866-0586, or e-mail it to Cheryl@mercyflightindiana.com. 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) 866-0586, or e-mail ([mail to: Cheryl@mercyflightindiana.com](mailto:Cheryl@mercyflightindiana.com)) 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:

Mercy Flight
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Email: Cheryl@MercyFlightIndiana.com