



AIR MISSIONS FORM

Patient instructions for On-Line Mission Requests

MISSION RECORDS

AIRPORT – Mission Request

WHEN are your travelling – DATE ?

Mission Date *

Mission Type
 IN Bound
 OUT Bound
IN Bound is TO the Med Center. OUT Bound is going OUT from Med Center

PATIENT INFO

Patient Name *

Patient Mobile# * --
Please enter primary contact # for Patient

Patient Age

HGA WAIVER accepted *
 No Yes
Patient MUST agree YES to waive all liabilities. WAIVER can be viewed here <https://groundangels.org/about-us/forms-downloads/liability-waiver/>

Permission to use Mission IMAGES
 No Yes

Patient Email *

Traveling companion NAME

Companion Mobile# --
Please provide your Buddy mobile in case we cannot reach you

Relationship

Passengers *
Total number PASSENGERS we need to carry ?

City *

State *
Patients HOME City / STATE / ZIP code is used to assist in grant/funding applications.

HOME Zip

KEY MISSION DETAILS

PU Place(AIR only) * Airport Hotel Clinic Other
Where are we picking you up??

Pick Up Time *
Use clock icon to set - time. When do you want to be picked up?

Just checking – AM or PM * AM PM
PLEASE confirm PU Time – AM or PM ?

Airport & Flight Info

Airport
We NEED to know – which AIRPORT ?

Airline Carrier *
We REALLY NEED to know the AIRLINE and flight#

Flight #
WE REALLY need your arriving HOUSTON flight #.

Terminal
BUSH Airport ONLY

Important Notes
IF ANGEL flight – what is the TAIL # , PILOT name and phone # ? Add any helpful notes here if needed.

Med Center Location

Med Center
Please drop down to pick your CLINIC or HOTEL location – otherwise fill your SPECIAL address below.

Clinic/Hotels (AIR only) *

Special Address

Zip

Med Center Notes
Add any helpful notes here if needed.

Click on the **CALENDAR** and let us know the date you are travelling. Are you **INBOUND** going to Med Center area or **OUTBOUND** going to Airport?

PATIENT DETAILS - PLEASE use the same name each time you fill this form. HGA volunteers use your **cell phone #** to contact you – **Texts or calls. Please CHECK** it is correct.

We only need age if Patient is under 18.

YES - you must agree to our liability waiver.

Tell us **your email** – our system will send you an “auto” message when your ride is posted for our volunteer drivers to see. Volunteers do not get your email information.

If you have a companion with you – please tell us about them – how many **passengers total** ? Companion phone # can be used for contact if we cannot reach the Patient.

On background – where are you from – **City, State & Zip**. List of States is a dropdown. Alphabetical order.

Key Mission Details Please tell us where we will pick you up. Allow at least one hour to complete your road journey – **what time** will we pick you up. To be sure - **AM or PM** ?

Airport & Flight info Which **AIRPORT** is your origin or destination ? **Dropdown to choose.**

What **AIRLINE** carrier ? If an angel plane, pick your flyer group from the drop down.

Your commercial **flight number** ? Our volunteers try to track the flights on-line – so we can best adjust pick up/drop times.

Flight Notes? Anything you need to tell us that would be helpful ?

Med Center Location ? Please scroll down the drop down to identify your Medical Clinic, Hotel etc. where we are dropping you or picking you up.

If your Med Center location is not in our list – then fill the Address and Zip code so our volunteers know exactly “where to” get you. Volunteers use **GOOGLE** maps to find you safely and on time.

Notes? Anything you need to tell us that would be helpful?

Please check over this form before you submit. Our Mission Admin will have to contact you if key detail is missing – which delays listing.

Click the **SUBMIT** button – see the Thank You page. You will get an email with your ride request info – when it is posted **OPEN**.