



**Thank you for contacting Angel Flight East! Enclosed is the paperwork required to be filled out to request a flight with our organization. Please review all information carefully. We cannot schedule your flight until these documents are sent back to us and we do request 5-7 days' notice.**

1. **Worksheet for requesting AFE flight** – *please complete the entire form.* Accurate weights are very important for weight and balancing of the aircraft. You are permitted to bring companion ('s), so long as the combined weight (passenger and companion) does not exceed 400 pounds; occasionally we can accommodate additional weight.
2. **Medical Approval Form** – to be completed by a physician verifying that the patient is ambulatory, and it is safe to travel on a non-pressurized aircraft, and that it is necessary to travel this great distance, this form will be faxed directly to your doctor. Please contact your doctor to let him know that he needs to complete and fax back to Angel Flight East before your flight can be scheduled.  
**Note to physician:** There have been reports of malfunctions of durable medical equipment (e.g., infusion pumps) in unpressurized aircraft operating above 8,000 feet. Please advise your patient if this is a concern.
3. **Need Verification Form** – to be completed by a **third party** able to attest to need to travel to and from appointment.
4. **Air Transport Waiver of Liability** – All passengers must read and agree to the terms of the Waiver of Liability before arriving at airport. Waiver of Liability must be signed at the airport before boarding plane by all passengers (the guardian of any minor child should sign on the child's behalf); failure to sign will cancel the flight.
5. **Maximum Luggage Disclaimer** – to be signed by all passengers agreeing to carry no more than 40 pounds total of combined luggage. The amount can vary depending on special circumstances.
6. **Photo/Media Release**- optional but encouraged. This form allows us to use any photos the pilots might take in route to be used for marketing and social media; we do not disclose personal information. (We also encourage you to send us your own pics and to connect with us on Facebook!)

**Please bring enough medication with you for an extra two days.**

You can fax the completed forms to **215-358-1999** or scan and email to **flight@angelflighteast.org**. You may also send them by mail to the address below. Once we receive all the paperwork from you and your doctor, as well as know your dates of travel, we can begin to search for pilots. Keep in mind that we generally require at least 7 business days to arrange travel. **We cannot guarantee that a flight will be filled, so we encourage you to have a back-up travel plan.**

If you should have any questions, or need any further assistance, please do not hesitate to contact our office at 215-358-1900.

1501 Narcissa Road, Blue Bell, PA 19422  
phone: 215-358-1900 ■ fax: 215-358-1999  
[www.angelflighteast.org](http://www.angelflighteast.org)



## Worksheet for Requesting a Flight

Date: \_\_\_\_\_ Requester: \_\_\_\_\_ Cell #: \_\_\_\_\_

How did you hear about AFE?

Word of Mouth; name of person and/or support/social service group: \_\_\_\_\_

Medical Professional; name of provider(s) and/or group(s) and/or facility: \_\_\_\_\_

Internet; website: \_\_\_\_\_; search term(s) used: \_\_\_\_\_

Print Advertising; specify: \_\_\_\_\_

Another Volunteer Pilot Organization; specify \_\_\_\_\_

Other; specify: \_\_\_\_\_

Have you contacted any other Volunteer Pilot Organizations to schedule flights: Yes  No:

Reason(s) for requesting the flight:

Clinical Trial; trial name \_\_\_\_\_

Cancer treatment

Surgery

Rare Disease treatment

Compassion Flight

Other; specify: \_\_\_\_\_

Was/is the patient and/or caregiver a member of the US Military: Yes  No

Explain: \_\_\_\_\_

Passenger Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Male  female

Passenger Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Passenger Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Primary Language: English:  Other: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Departure Flight Date: \_\_\_\_\_ Requested Return Flight Date: \_\_\_\_\_

Departure City: \_\_\_\_\_ Arriving City: \_\_\_\_\_

Luggage Description/Weight (MAX 40lbs.) \_\_\_\_\_

(Please let us know if you need to bring any oxygen devices, medical devices, strollers, car seats, crutches, etc. and weights of devices.)

Companion 1: Name \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Companion 2: Name \_\_\_\_\_ DOB: \_\_\_\_\_ Wt: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact (not traveling along): Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other contact information: \_\_\_\_\_

Medical diagnosis/description of medical condition (if known/shared): \_\_\_\_\_

Enter Number of Major Diagnostic Category (MDC) for diagnosis (see below):

MDC	Description
1	Diseases and Disorders of the Nervous System
2	Diseases and Disorders of the Eye
3	Diseases and Disorders of the Ear, Nose, Mouth And Throat
4	Diseases and Disorders of the Respiratory System
5	Diseases and Disorders of the Circulatory System
6	Diseases and Disorders of the Digestive System
7	Diseases and Disorders of the Hepatobiliary System And Pancreas
8	Diseases and Disorders of the Musculoskeletal System And Connective Tissue
9	Diseases and Disorders of the Skin, Subcutaneous Tissue And Breast
10	Diseases and Disorders of the Endocrine, Nutritional And Metabolic System
11	Diseases and Disorders of the Kidney And Urinary Tract
12	Diseases and Disorders of the Male Reproductive System
13	Diseases and Disorders of the Female Reproductive System
14	Pregnancy, Childbirth And Puerperium
15	Newborn And Other Neonates (Perinatal Period)
16	Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders
17	Myeloproliferative DDs (Poorly Differentiated Neoplasms)
18	Infectious and Parasitic DDs (Systemic or unspecified sites)
19	Mental Diseases and Disorders
20	Alcohol/Drug Use or Induced Mental Disorders
21	Injuries, Poison And Toxic Effect of Drugs
22	Burns
23	Factors Influencing Health Status and Other Contacts with Health Services
24	Multiple Significant Trauma
25	Human Immunodeficiency Virus Infection

Sending Physician: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Sending Treatment Facility/Hospital Name: \_\_\_\_\_

Sending Physician/Facility/Hospital Street and City: \_\_\_\_\_

Sending Physician Zip Code:

Social Worker at Sending Facility: \_\_\_\_\_

Receiving Physician: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Receiving Treatment Facility/Hospital Name: \_\_\_\_\_

Receiving Physician/Facility/Hospital Street and City: \_\_\_\_\_

Receiving Physician Zip Code:

Social Worker at Receiving Facility: \_\_\_\_\_

Would you be willing to provide more information about Angel Flight East  
to your medical and social work teams? Yes  No

Lodging Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Ground Transportation:  
Would you like information on Ground Transportation: Yes  No

Passenger and any companions have watched the video about flying in a small airplane  
<http://angelflighteast.org/passengers/how-it-works/> Yes  No  Please initial \_\_\_\_\_

I understand that all information provided above may be shared with Pilots assigned to your flights. Please initial \_\_\_\_\_

Medical Insurance Carrier: Private  Medicare  Medicaid  None

Combined Household Income: \_\_\_\_\_

*This information is being requested for statistical purposes and your specific information will not be disclosed to any party without your consent.*

Additional comments: \_\_\_\_\_



# Angel Flight East

## MEDICAL APPROVAL FORM

### Important COVID-19 Information:

#### **Important COVID-19 Information:**

In light of COVID-19, we must ensure that it is **essential** for a passenger to fly for medical treatment and that the attending physician understands the risk involved with general aviation and that the benefits to the patient outweigh the risks of contracting COVID-19.

The health of every passenger is of the utmost importance to Angel Flight East. We must ensure that it is **necessary** for the patient to travel for treatment on the dates they have specified.

### **Physician's Release Form (Confidential)**

FAA-Certified Angel Flight East Command Pilots are volunteers who provide people in medical and financial distress with access to free air transportation on small, private, unpressurized aircraft for healthcare and other compelling human needs. Children under the age of 18 must be accompanied by a parent, guardian, or other authorized adult. This release must be re-submitted annually in order for the patient to qualify for ongoing medical flights and re-submitted for each invasive surgery. Angel Flight East cannot accept any patient nor schedule any mission until this form is completed and signed by the patient's current physician. **Please return this promptly by fax to our office. (215)358-1999. Thank you.**

#### **Information the physician should know before completing this form:**

- There is no medical equipment or personnel on board.  
**Note to physician:** There have been reports of malfunctions of durable medical equipment (e.g., infusion pumps) in unpressurized aircraft operating above 8,000 feet. Please advise your patient if this is a concern.
- Patients must be ambulatory or mobile enough to board and disembark with little or no assistance. Boarding will require a high step of 12-20 inches. Low-wing aircrafts require passengers to take several steps on the wing. Passengers must be flexible in boarding and departing the aircraft and must be upright and seat-belted for the duration of the flight.
- Generally, the aircraft used are single or twin-engine prop aircraft with 4-6 seats, and privately owned or rented by the pilot. There are no restrooms and space for movement is restricted.
- Most aircraft are not pressurized, and oxygen levels will vary with altitude (generally below 10,000 feet).
- Turbulence is more pronounced on a small aircraft than on a commercial aircraft.
- While the flying time is longer than on a commercial aircraft, there is little wait, thus overall travel time is generally shorter.
- Patients are often accompanied by a support person for assistance during the flight.

By Signing this form, you are giving your medical consent to fly under the conditions described above. Please type or print legibly. Thank you.

**Please Print**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Specialty

(\_\_\_\_\_) \_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician Email Address

\_\_\_\_\_  
Medical Facility the patient will be visiting

(\_\_\_\_\_) \_\_\_\_\_  
Phone number of Facility Patient will be Visiting

\_\_\_\_\_  
Address of Facility Patient will be visiting

Physician's Release Form (Confidential)

- What is this patient's principal diagnosis? \_\_\_\_\_
  
- To the best of your knowledge, does the patient, or anyone accompanying the patient, currently have a communicable or contagious disease? \_\_\_Yes\_\_\_No  
Explain:
  
- Does this patient have a history of seizures? \_\_\_Yes\_\_\_No    Date of last seizure \_\_\_\_\_  
Explain:
  
- To the best of your knowledge, does the patient, or anyone accompanying the patient, currently have any other circumstances, medical or physical, that would preclude travel in an unpressurized aircraft? \_\_\_Yes\_\_\_No  
Explain:

- Is there any other information that you feel might be helpful for the pilot to know about this patient? (i.e., equipment, medications, oxygen, flight concerns) Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain:
- If treatment requires a series of flights, is the patient's condition expected to remain stable? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain:
- Is the patient able to walk and get in and out of the aircraft unassisted? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Boarding may require a high Step of 18-20 inches or several steps on the wing of the plane. Passengers must bend over to enter and exit plane.)*

**REMINDER: There is no medical equipment or medical personnel on board, and if the patient will be bringing oxygen, the tanks must be full, portable, and medically approved. Please realize that oxygen levels can vary in an unpressurized aircraft and may be cause for concern for certain medical conditions.**

- Is the patient medically stable and able to fly in a small, unpressurized aircraft? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain:
- If the patient requires assistance while in flight with medication, oxygen and/or personal medical equipment, to the best of your knowledge, is the support person/passenger trained to assist? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments:
- There have been reports of malfunctions of durable medical equipment (e.g., infusion pumps) in unpressurized aircraft operating above 8,000 feet. Please indicate below and advise your patient if this is a concern. Comments:

To the best of my knowledge, the patient being considered for this flight is physically mobile, and psychologically able and willing to fly in a small, unpressurized aircraft that is not equipped for any medical emergency. This patient has a legitimate medical need to avoid lengthy surface transportation. I have carefully read and completed the above information and approve this patient for flight.

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Physician Signature

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Date



*Angel Flight East*

## **NEED VERIFICATION FORM**

**IMPORTANT! PLEASE READ.** Angel Flight East does offer free flights; however, we do require written verification it would be a hardship for the family to get there themselves.

**ANGEL FLIGHT EAST CANNOT ACCEPT ANY PASSENGER, NOR SCHEDULE ANY MISSION, UNTIL THIS FORM IS COMPLETED, SIGNED, AND FAXED TO OUR OFFICE AT 215.358.1999, or emailed to [flight@angelflighteast.org](mailto:flight@angelflighteast.org).**

We ask that this form be completed by a **Third Party**, such as a social or case worker, clergy member, accountant, attorney, employer, or staff person of a charitable organization to confirm the need. **Passenger or relative may not complete this form.**

Please remember that the cost of any flight flown is paid in full by each volunteer pilot and can range anywhere from \$250 to \$800+. Our pilots are not reimbursed by Angel Flight East for any of their expenses. They volunteer all time, aircraft, and all expenses for passengers who are truly in need.

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### **PLEASE COMPLETE THE FOLLOWING:**

Passengers' Name: \_\_\_\_\_

Give a thorough and specific explanation as to why the passenger/family requires Angel Flight East. Include important information that supports their case of need. Insufficient information or too brief of an explanation may result in the patient not being accepted or the form returned to you to be completed. An additional page may be used.

Verifier Name: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Verifier Email: \_\_\_\_\_ Phone #: \_\_\_\_\_



<b>AFE Mission Number:</b>
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**AIR TRANSPORT WAIVER OF LIABILITY (Passenger)**

(1) Angel Flight East, a non-commercial, nonprofit, volunteer public service organization and the volunteer pilot(s) named below.

	and	
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hereby agree to provide the following passenger(s) listed below with air transportation, free of charge, for the passenger's convenience in obtaining, assisting with or returning from medical treatment or diagnosis from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ (date).

- (2) **WAIVER OF LIABILITY.** By signing this Waiver, I agree that I will not make any claim or file any lawsuit against Angel Flight East or its officers, directors, employees, or volunteers, including pilot(s) on account of any damage to property or personal injuries (including death) sustained in connection with any aspect of the services rendered by Angel Flight East or the volunteer pilot(s). I understand that this waiver applies even to damages, injuries or death resulting from negligence. It also applies injury or illness resulting from exposure to COVID-19 or other infectious diseases. I intend that this waiver be legally binding on me, my heirs, executors and assigns and to any minor or incompetent on whose behalf I am signing as well as their heirs, executors and assigns.
- (3) In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.
- (4) This waiver shall be governed by the laws of the Commonwealth of Pennsylvania.
- (5) As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms.
- (6) I have received a copy of 'Information for Angel Flight East Passengers.' I have read and understand this information, and my questions, if any, have been answered to my satisfaction.

Print Name 1		
Street Address		
City, State ZIP		
Signature Date		

Print Name 2		
Street Address		
City, State ZIP		
Signature Date		

Please check to agree to Patient/ Passenger Photo & Media Release

Please check to agree to Patient/ Passenger Photo & Media Release

Print Name 3		
Street Address		
City, State ZIP		
Signature Date		

Print Name 4		
Street Address		
City, State ZIP		
Signature Date		

Please check to agree to Patient/ Passenger Photo & Media Release

Please check to agree to Patient/ Passenger Photo & Media Release

**PILOT CERTIFICATION**

I hereby certify that, with respect to this flight:

- a. I meet all applicable requirements of the Federal Aviation Regulations to act as pilot in command (or second in command).
- b. My Medical Certificate is current, and I am aware of no medical deficiency that precludes my acting pilot in command (or second in command) per FAR 61.53.
- c. I meet all requirements for recent flight experience contained in FAR 61.57 **including instrument experience under FAR 61.57(c), regardless of whether I intend to make this flight under IFR.**
- d. The aircraft to be flown is airworthy in all respects.
- e. There is insurance coverage in force and the policy contains no exclusions for any anticipated operation.

Pilot in command:

Second in Command (if required crewmember):

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

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



## **Angel Flight East Maximum Luggage Disclaimer**

Angel Flight East, a non-commercial, nonprofit, volunteer public service organization and its volunteer pilot(s) hereby agree to provide the following passenger(s) with air transportation, free of charge, for the passenger's convenience in obtaining, assisting with or returning from medical treatment, diagnosis or compassion based on the agreement that the passengers will not carry luggage exceeding 40 Lbs. combined (one small suitcase/ bag) about the size of a duffel bag, and one small purse/handbag per flight. The luggage can vary up or down depending on special circumstances. (Please let us know if you need to bring any oxygen devices, medical devices, strollers, car seats, crutches, etc. and weights of devices. All devices MUST be FAA approved.)

Free transportation through the services of our volunteer pilots will be rejected if any passenger(s) shows up for scheduled flight with more than 40Lbs total.

***I \_\_\_\_\_(passenger/patient) hereby agree to this maximum luggage disclaimer, and thereby understand that flight will be denied to me should I arrive with the exceeded specifications for luggage.***

**Passenger/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Passenger #2 Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Passenger #2 Signature: \_\_\_\_\_**

**Passenger #3 Name: \_\_\_\_\_ Date: \_\_\_\_\_**

**Passenger #3 Signature: \_\_\_\_\_**



### **Patient/ Passenger Photo & Media Release Form**

Angel Flight East is a non-commercial, non-profit, volunteer public service organization, which relies upon contributions solicited, in part, through publicity. To continue its efforts, we ask that you (patient/ passenger) grant Angel Flight East permission to take and use any photographs, as well as interviews from pilots, news, media, or the organization itself for promotional, public relations, and/or related issues.

Thank you for your cooperation in helping Angel Flight East “get the word out” about our services so that we can help as many people as possible. Furthermore, any stories, web pages, pictures that you have in your possession, or details that you would like to share with us, so that we may use them to draw supporters, sponsors, and the public eye are always welcome and encouraged!

**Please send them to the following address:**

**Angel Flight East  
1501 Narcissa Road  
Blue Bell, PA 19422 or  
flight@angelflighteast.org**

**Please sign your name below if you hereby agree to the above request:**

*(Please note that a parent/guardian must sign for a minor)*

**Passenger/Patient Name:** \_\_\_\_\_

**Passenger/Patient:** \_\_\_\_\_

**Passenger #1** \_\_\_\_\_  
(relation to passenger/patient)

**Passenger #2:** \_\_\_\_\_  
(relation to passenger/patient)

**Passenger#3:** \_\_\_\_\_  
(relation to passenger/patient)

**Passenger #4:** \_\_\_\_\_  
(relation to passenger/patient)

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

Please list your patient carepages, CaringBridge, or blog, if

applicable: http://\_\_\_\_\_

Check here if you agree to allow Angel Flight East to use information contained within for promotional purposes, including, but not limited to, hyperlinks to your page from the AFE website.

Check here if you would be willing to share your story about your experiences traveling with Angel Flight East with your primary care, specialty, and treatment teams.

## **INFORMATION FOR ANGEL FLIGHT EAST PASSENGERS**

This is intended to provide you with some general information about how Angel Flight East ("AFE") arranges air transportation for those in need. Please read this carefully and feel free to ask us if you have any questions.

AFE is a Pennsylvania Not-for-Profit Corporation whose activities are governed by its officers and Board of Directors who serve on a volunteer basis, without compensation.

AFE employs no pilots and owns no aircraft but relies upon the donation of pilot services and aircraft in carrying out its mission. The role of AFE is to find a pilot willing to undertake your transportation needs and to make all necessary arrangements to facilitate your flight.

Flights arranged by AFE are not commercial flights and are not governed by the same standards as airline or charter flights. The pilots are not acting as agents of AFE, but as independent volunteers willing to help you with your transportation needs. AFE employs full and/or part time Mission Coordinator (s) who, along with volunteer Mission Coordinators, will attempt to obtain a pilot and aircraft suitable to the passenger's transportation needs. While we make every effort to help those in need, we cannot possibly accommodate all requests for transportation.

The following information is provided to help you understand our operations. We are always available to answer your questions.

### **WAIVER OF LIABILITY**

Flying is generally a safe activity. Nonetheless, there are risks and hazards in flying just as in all other forms of transportation and all human activities. Because even the threat of litigation would severely impair the ability of AFE to recruit pilots, aircraft, and people to serve as officers, directors, employees and volunteers, all passengers are required to sign a Waiver of Liability.

If you are unwilling to give up all rights to recover for property damage, personal injury and/or death arising out of your flight, regardless of cause, you must seek other means of transportation.

We require that you sign the waiver when you first request AFE's assistance. In addition, your pilot will require that you sign the waiver before embarking on each flight. Each passenger must sign the Waiver of Liability. If any passenger is a minor or otherwise not competent to sign, the Waiver must be signed by his/her legal representative. If your trip requires a link with a pilot from another volunteer pilot organization, you can expect them to require that you sign a separate Waiver.

### **MEDICAL INFORMATION**

AFE must obtain medical information from your health care providers to document the medical need for your flight and to assure that your medical condition does not prevent you from flying safely.

You or your legal representative will be asked to sign an Authorization for release of this information to AFE. Except as authorized by you, AFE and the pilots will do our utmost to keep all medical information strictly confidential.

### **PILOTS**

Qualifications for licensing of pilots are set and enforced by the Federal Aviation Administration (FAA). All pilots have passed rigorous written and practical flight tests prior to licensing.

In addition, the FAA requires that all pilots receive a flight review and medical certification at least every two years. There are also requirements for recent flight experience. All pilots accepting missions arranged by AFE represent that he or she meets any such requirements for the flight to be undertaken. AFE does not make any independent determination of pilot qualifications, although it may employ guidelines regarding minimum pilot experience.

The pilot in command alone, not AFE, makes all decisions about the conduct of a flight. Our policy is that pilots should never compromise safety to accept or complete a mission.

Therefore, there is always the possibility that safety concerns, such as weather or mechanical problems, could cause the postponement or cancellation of your flight. Your pilot should be happy to answer any questions regarding his or her qualifications.

### **AIRCRAFT**

Aircraft are certified under regulations of the Federal Aviation Administration (FAA) and the FAA has strict maintenance requirements for all aircraft.

It is the responsibility of the Pilot in Command to determine that all FAA required maintenance has been performed and that the aircraft is airworthy for the intended flight.

AFE relies upon the certification of the Pilot that the aircraft meets all applicable requirements. AFE does not make any independent inspection of the aircraft. Your pilot should be able to answer any questions about his or her aircraft.

### **EXPENSES OF FLIGHT**

The pilot donates all expenses of your flight. AFE does not reimburse pilots for expenses. You will never be asked to contribute to these expenses or to donate in consideration of your flight.

AFE does not accept such donations. If you have any questions about these topics, please call your mission coordinator or our office. You will be directed to the proper person to answer your questions.

### **MISSION COORDINATORS**

Mission Coordinators are responsible for all aspects of arranging Angel Flights. In addition to finding an available pilot with suitable aircraft, they determine medical and financial need and obtain all required documentation for the flight. In doing so, they must frequently contact your clinical social worker, physicians or other health care providers. Our Mission Coordinators have a challenging, time-consuming job in arranging for your flight and many others simultaneously. Please give them your full cooperation.

### **INSURANCE**

Owners who donate the use of their aircraft are required to have liability insurance and to provide AFE evidence of insurance. AFE does not conduct any additional independent investigation of the existence or maintenance of such coverage.

Your pilot should be able to answer any questions about the insurance on his or her aircraft. AFE and its staff, officers, and directors may or may not have insurance at any given time depending upon its availability at affordable rates. We will be happy to disclose all available insurance information upon request. However, it should be understood that the existence of any insurance is not intended to negate or limit the validity or enforceability of the Waiver of Liability.



## **What to Expect When You Fly with Angel Flight East**

### **How your flight will be arranged**

After you have been approved for a flight and Angel Flight East has received the completed paperwork, we will start looking for a pilot to volunteer for your mission. Once a pilot has accepted the assignment, he or she will contact you directly, and all travel arrangements from that point on will be made between the pilot and you. Generally, the pilot accepting the mission will contact you at least 24hrs in advance of your flight. If a pilot cannot be found for your flight, AFE will contact you one business day before the scheduled flight to inform you, unless more notice is specifically requested.

### **You need to have a back-up plan.**

Pilots make the final decisions about the execution of their missions. A pilot may delay or cancel a mission because of bad weather or other critical factors. AFE is also at the mercy and availability of our volunteers. In rare cases, a volunteer for your mission may not be available. For these reasons, ***we ask our passengers either to have a back-up plan, or to be able to re-schedule their appointments.***

### **Smaller planes mean longer travel time.**

Your flight will be made in a small private aircraft that probably has from four to six seats. These aircrafts are not as fast or as large as a commercial airplane, so the flying time to your destination may be a bit longer than you anticipated. Missions longer than 300NM will be broken up into "legs" and flown as relay missions. To reach 900-1000NM miles it would take three separate pilots, three separate airplanes.

### **Weight limitations**

A small plane is limited in the amount of weight it can carry. Because of this, you need to limit your total luggage to a maximum of 40 lbs. Luggage must be soft-sided. These limitations will be strictly enforced. Medical equipment, car seats, strollers, and other such items must be included in the 40 total pounds of weight. In addition, please be prepared to tell the pilot your weight, as well as the weights of anyone else who is flying with you.

### **Entering the airplane**

To board the aircraft, you may have to step up onto a wing that is 16 to 20 inches above the ground, crouch slightly to fit through a small door, then lower yourself into the back seat. If you or one of your traveling companions cannot perform these movements, that person will not be able to fly with us.

### **Noise during the flight**

If you've never flown on a small aircraft before, you'll discover that it's a much different experience than flying on a large commercial jet. The engine noise on small planes can be loud enough to prevent you from

having a normal conversation. Some pilots will provide you with headphones to wear during the flight, which will enable you to communicate with the pilot and other passengers, as well as serving to block out most of the noise. If you wish, you can also bring your own ear plugs. Be aware that, for safety reasons, some pilots request that you do not talk during take-off and landing, or even throughout the entire flight. Your pilot will inform you of his or her specific requirements.

### **Turbulence during the flight**

Small planes are more susceptible to air turbulence than large ones, so you might experience more "bumps" than you're used to. These motions are perfectly normal and no cause for alarm.

### **Temperature during the flight**

Some, but not all, AFE planes have heated cockpits, and most do not have air conditioning. Consequently, it can be chilly inside the plane because of the altitude, even if it isn't cold on the ground. And on a hot, sunny summer day, the temperature onboard can be quite warm. To ensure that you're comfortable during the flight, please ask your pilot about the best type of clothing to wear.

### **No restrooms or food**

Restrooms and food service are not available on AFE flights. Please check with your pilot if you want to bring food aboard.

### **If you're traveling with a child...**

If you are traveling with a baby or small child, we suggest that you give them a bottle, pacifier or, for a slightly older child, gum to chew during take-off and landing. These items will help the child to equalize the changing air pressure and avoid ear pain. If the child is under the age of 2, it will need to travel in a child safety seat that has the appropriate labels for use in aircraft.

### **TYPICAL LOW WING AIRCRAFT:**



**TYPICAL HIGH-WING AIRCRAFT:**

