

AIRPORT RIDE FORMAT



Patient instructions for On-Line Mission Requests

MISSION REQUESTS

WHEN are you travelling - DATE ?
Mission Date *

PATIENT INFO

Patient Name *

Patient Cell *
Please enter primary contact # for Patient

Patient Age
ONLY needed for minors
 No Yes

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/>

Patient Email *

Traveling companion NAME

Relationship (None)

#of Passengers
How many PASSENGERS we need to carry

City *
Patient HOME City

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

HOME Zip

KEY MISSION DETAILS

Mission Type IN Bound to Med Center
 OUT Bound to Airport

PU Time *
What time do you want to be picked up? Flight arrival time if at AIRPORT. If OUTBOUND - from the Med Center area ?

Airport & Flight Info

Airport * NA
Which AIRPORT ?

Airline Carrier * not applicable
If private ANGEL flight then n/a

Flight # *
Your Flight # Arriving or Departing HOUSTON.

Terminal not applicable
BUSH Airport ONLY

Flight Notes
If ANGEL flight - what is the TAIL #, PILOT name and phone # ? Add any helpful notes here if needed.

Med Center Location

Med Center Location * Drop down and SELECT
If your LOCATION is not on this list - please enter the Street Address below.

Address

Zip

Location Notes
Add any helpful notes here if needed.

Click on the **CALENDAR** and let us know the date you are travelling.

PATIENT DETAILS - PLEASE use the same name each time you fill this form.

HGA use your **cell phone #** to contact you – **Texts or calls.** 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** – we will send you a message when your ride is posted for our volunteer drivers to get. Our drivers do not get your email info.

If you have a companion with you – please tell us about them – how many **passengers total** ?

We like to know – where are you from – **City, State & Zip.**

List of States is a dropdown. Alphabetical order.

Is this request going IN or OUT of the Medical Center ?

Allow at least one hour to complete your road journey – **what time** will we pick you up. **AM or PM** ?

Airport & Flight info

Which **AIRPORT** is your origin or destination ? Dropdown to choose.

What **AIRLINE** carrier ? – if a private plane pick your flyer group from the drop down.

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

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

Med Center Location ? Use the drop down to identify your Clinic, Hotel etc. where we are taking 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.

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

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