



Dreams On Wings

Dear Dreams On Wings Volunteer,

Thank you for volunteering to assist us in the 16th annual Dreams On Wings program. The donation of your time and resources will help children and their families continue their fight against serious illnesses. Our goal is simple—to share the thrill of flying with these families and to give them an opportunity to take a break from their daily struggle.

Safety is the number one concern for everyone involved. Therefore we feel it is necessary to observe some additional precautions.

1. No children under 14 years of age can volunteer.
2. Volunteers must be 21 to be admitted to the flight line.
3. Large groups must coordinate in advance to ensure they will be able to participate to their fullest. They may be broken up into different times to ensure we have enough people all day long.

Any questions or comments, please feel free to contact our volunteer coordinator, Jean Moore, at 205-631-2844, or dow.girl2@icloud.com.

Attached you will find a registration form for the event. Please complete it and send it to the address listed. If for some reason your plans change and you are unable to participate, please contact us as soon as possible so we can adjust our plans accordingly. If you have a special skill that might help us, please list that so that we can use your talent to its fullest.

The event will be held on Saturday, May 16th at the Atlantic Aviation Hangar 8 located on the east side of the airport at 6512 43rd Ave N. We plan on starting the flying at approximately 9 AM. There will be a volunteer meeting approximately an hour prior to the event. Please plan your schedule so you can attend that meeting.

Once again, thank you. If you have any questions, please contact us at dreamsonwingsbhm@gmail.com, or call us at (205) 417-7003 (Alabama) or (662) 574-3218 (Mississippi).

“Giving children faced with serious illness the experience and joy of flight which pilots feel privileged to share”



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Volunteer Registration Form

Volunteer's Name: _____

Address: _____

Phone: _____

Special Skills (nurse, EMT, etc): _____

Area(s) you would like to help in: _____

Please fax all registration information to the fax number listed below or email it to dow.girl2@hotmail.com

Alabama Fax: (205) 588-5230.

Dreams On Wings
P.O. Box 361301
Hoover, AL 35236

If you have any questions, please call: (205) 417-7003 (Alabama) or (662) 574-3218 (Mississippi) or email dreamsonwingsbhm@gmail.com.

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