

Complete and email to:
rider.program@airlftnw.org



OBSERVATION RIDER PROGRAM APPLICATION

Name: (Last, First, MI) _____ Date of birth: (MM/DD/YY) _____

Address: _____

Phone: _____ Email: _____

Height/Weight: _____ Agency affiliation: _____

Supervisor name & phone number: _____

Emergency contact name & phone number: _____

Please list three dates you are available to fly with Airlift Northwest:

Do you have any medical conditions or allergies that may affect your ability to fly? If yes, please explain.

The HEMS industry is constantly evolving. We actively seek new knowledge and ways of doing things.
What can you bring to teach us?

Is there anything else you would like us to know about you?