For Honor Flight Use Only: Last Name:_____ Date Received: _____

Guardian Application

Honor Flight would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include physically assisting the veterans at the airport, during the flight, and at the memorials. Guardians are also responsible for a donation of $450 to partially cover their own expenses (airline, hotel, etc.). Thank you for your support.

YOUR NAME: _____ NICKNAME: _____

(Use your full name as it appears on your driver's license or government ID)

ADDRESS:_____

CITY:_____ COUNTY: _____ STATE: ____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

EMAIL: _____

AGE: _____ DOB: _____ GENDER: ___M ___F

OCCUPATION? _____

ARE YOU A VETERAN? ___ Y ___ N If YES, Branch of Service and When? _____

How did you learn about Honor Flight?

_____

Why are you volunteering for Honor Flight?

_____

Please list any prior volunteering experience?

_____

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone: Day _____ Evening _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone: Day _____ Evening _____

Are you requesting to travel with a specific veteran? ___ Y ___ N

*If YES, please name the veteran: _____

(Please note that a veteran application will need to be submitted separately)

Are you able to push a wheelchair up a slight incline? ___ Y ___ N

Can you lift 100 pounds? ___ Y ___ N

Please identify any physical disabilities, restrictions and/or medical disabilities that would hamper your ability to fulfil the duties of a guardian. Also, please list any medications being taken and how often:

_____

_____

T-Shirt Size (S, M, L, XL, 2XL, 3XL, 4XL) _____

Please note any medical experience you may have (e.g., RN, MD, EMT, CPR Paramedic, etc)

_____

(Please review and sign Page 3)

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

If under 18, a parent/guardian must also sign and date below:

SIGNED: _____ DATE: _____

Please Return this Application to:

Southern Iowa Honor Flight
PO Box 592
Knoxville, Iowa 50138

*** Applications must be postmarked by January 31, 2020 ****