

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, but are not limited to, physically assisting the veterans travel to and from Washington D.C. and during all activities at the memorials. Guardians are responsible for their own expenses. For further information please contact us at 912-367-9020 or at honorflightsavannahinc@gmail.com Thank you for your support.

YOUR FULL NAME: _____

(AS IT APPEARS ON YOUR DRIVER'S LICENSE OR GOVERNMENT ID)

NICKNAME: _____ **GENDER:** ___ M ___ F

(IF APPLICABLE)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE/ DAY: _____ **EVENING:** _____ **CELL:** _____

EMAIL: _____ **AGE** _____ **DATE OF BIRTH:** _____

OCCUPATION _____

ARE YOU A VETERAN? ___ YES ___ NO If a veteran, please indicate BRANCH of service and

WHEN and WHERE you served: _____

T-SHIRT SIZE (S,M,L,XL,XXL,XXXL) _____

HOW DID YOU LEARN ABOUT HONOR FLIGHT? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT? _____

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE _____

PLEASE LIST ONE (1) PERSONAL REFERENCE:

NAME: _____
ADDRESS: _____
PHONE/ DAY: _____ EVENING: _____ CELL: _____

PLEASE LIST ONE (1) EMERGENCY CONTACT:

NAME: _____
RELATIONSHIP TO APPLICANT: _____
ADDRESS: _____
PHONE/ DAY: _____ EVENING: _____ CELL: _____

Are you requesting to travel with a specific veteran, if possible? _____ YES _____ NO
If yes, please name the veteran: _____

(Please note that a completed Veteran Application must be submitted separately).

Are you able to push a veteran in a wheelchair up a slight incline? _____ YES _____ NO

Can you lift 100 Pounds? _____ YES _____ NO

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. _____

Please note any medical experience you may have (EMT, CPR, Paramedic): _____

Do you **Smoke**? _____ YES _____ NO Do you use **E-Cigarettes**? _____ YES _____ NO

Are you fully **vaccinated for COVID-19**? _____ YES _____ NO

Are you **boosted for COVID-19**? _____ YES _____ NO

Please list your Medications:

<u>Medication</u>	<u>Dose</u>	<u>Taken How Often?</u>
_____	_____	_____
_____	_____	_____

Do you have any **drug allergies**? _____ YES _____ NO If YES, please list _____

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 Honor Flight DOES NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed:

Signed:*

Parent/Guardian

(Electronic applications will be required to sign prior to the actual trip date). * If under 18, a parent/guardian must also sign and date below)

Date:

Date:

Please submit this form to:

Honor Flight Savannah Inc.

Attn. Veteran Application

1943 Spring Branch Church Rd.

Baxley, GA 31513

Or via email to honorflightsavannahinc@gmail.com