

Honor Flight Savannah - 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 at the airports, during the flight and at the memorials. Guardians are also responsible for their own expenses (airfare, etc.) For further information, please contact Honor Flight Savannah at (912) 278-1588. Thank you for your support.

Name as it appears on your Driver's License or Gov't ID*

Nickname (if applicable)

Address*

Day Phone

Evening Phone

Cell Phone

Email*

Age

Date of Birth*



Gender*

Male

Female

Occupation

Are you a veteran?*

Yes

No

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

*

How did you learn about the Honor Flight organization?

Why are you volunteering for Honor Flight?

Please list any prior volunteer experience:

Please list one (1) personal reference.

Name of Reference

First

Last

Address

Street Address

Street Address Line 2

City

State

Postal / Zip Code

Country



Day Phone

##

Other/ Evening Phone

##

Please list one (1) Emergency Contact

Name of Emergency Contact

First

Last

Address

Street Address

Street Address Line 2

City

State

Postal / Zip Code

Country

Day Phone

##

Evening/ Other Phone

##

Email

Relationship to you

Are you requesting to travel with a specific veteran?

Are you requesting to travel with a specific veteran?

Yes

No

If yes, please name the veteran (please note that the veteran application must be completed separately)

Are you able to push a veteran in a wheelchair up a slight incline?*

Yes

No

Can you lift 100 pounds?*

Yes

No

Are you a smoker?*

Yes

No

Do you smoke?*

Cigarettes

E-cigarettes

Vape

None

Are you fully vaccinated for COVID-19?*

Yes

No

Are you boosted for COVID-19?*

Yes

No

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

T-shirt Size*

Small

Please indicate any medical experience you may have (e.g. EMT, CPR, Paramedics, etc.)

Please review carefully and check the Agree box

As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I understand that my 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 purpose of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.*

Agree

I further state that medical insurance is the responsibility of the guardian 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.

Agree

*

