

For Honor Flight use Only: L.N.: _____ D.R.: ____/____/____



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 during travel to and from Washington, DC 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 www.honorflightsavannah.org. Thank you for your support.

NAME: _____ **Nick Name:** _____
(As it appears on your driver's license or government identification) (if applicable)

ADDRESS: _____

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

PHONE: **DAY:** _____ **EVENING:** _____ **MOBILE:** _____

EMAIL ADDRESS: _____ **AGE:** __ **DOB:** _____ **GENDER:** __M__F

OCCUPATION: _____ **ARE YOU A VETERAN:** __YES__NO

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

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____

PLEASE COMPLETE PAGE 2

6. 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)
7. Are you able to push a veteran in a wheelchair up a slight incline? ____ Yes ____ No
8. Can you lift 100 pounds? ____ Yes ____ No
9. 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.

10. T-shirt size: (S, M, L, XL, XXL, XXXL) ____
11. Please note any medical experience you may have (e.g. EMT, CPR, Paramedic): _____

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 Guardian and I understand that **Honor Flight** does not 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 travel 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.

Signature*: _____ Date: ____/____/____

(Electronic applications will be required to sign prior to actual trip date.)

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

Signature: _____ Date: ____/____/____

Parent/Guardian

Please submit this form to:

Honor Flight Savannah, Inc.
 Attention: Guardian Application
 1943 Spring Branch Church Rd
 Baxley, GA 31513

or

Email: honorflightsavannahinc@gmail.com

Fax: 800-886-4549