



GUARDIAN APPLICATION

PLEASE READ AND INITIAL THE FOLLOWING PRIOR TO FILLING OUT THIS APPLICATION

The safety of our Veterans is our top priority. Guardians play a significant role in ensuring a safe and memorable experience for each Veteran. Each Guardian is assigned a Veteran and will be their “buddy” for the day. This is an all-expense-paid day for our Veterans. Each Guardian is asked to donate \$400. The typical Flight day is a 20 hour long day that is physically and mentally challenging for both the Veteran and his/her Guardian.

All Guardians must be at least 18 years old and not more than 65 years old. All Guardians must attend Guardian training on the Sunday before Flight day. Guardians may not consume alcohol on Flight day.

INITIAL: _____ DATE: _____

GENERAL INFORMATION

Name (as it appears on your driver’s license): _____

Nickname: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Home

Secondary Phone: _____ Cell Home Work

E-mail: _____

Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Age: _____ Height: _____ Weight: _____

T-Shirt size: S M L XL XXL XXXL Employer: _____

Are you a Veteran? Yes No If yes, select one: Active Duty Reserves/National Guard
 Retired Former Military (not retired)

Rank: _____ Branch: _____

When/Where have you served? _____

Are you requesting to fly with a specific Veteran? Yes No

If yes, name of Veteran: _____ Relationship: _____

A completed Veteran Application must be submitted for this person.

To help us understand and accommodate your request, please briefly explain on the back of this page why you need to be assigned to this specific Veteran. Also, it is very helpful if you Veteran submits his/her application at the same time as you submit your application.

QUESTIONS

Why are you volunteering for Honor Flight?

Can you lift up to 50 pounds? Yes No

Can you push a 200 lb veteran in a wheelchair up a small incline? Yes No

Can you walk 8-10 miles while pushing a veteran in a wheelchair? Yes No

Can you bend over to tie shoes and pick up items for veterans? Yes No

Can you transfer a veteran in and out of a seat and/or wheelchair all day long? Yes No

Can you multitask in order to assist 2 veterans if needed? Yes No

MEDICAL INFORMATION

Please note any medical certification you may currently have: MD PA RN LPN

EMT CPR CRNA NP

Please list all medication, food and/or bee venom allergies: _____

List all current medications: _____

Do you smoke? Yes No

Do you have diabetes? Yes No

If Yes, how do you control it? Insulin Pill Diet-controlled

Do you currently have, or have you had a history of heart problems? Yes No

If Yes, please explain: _____

Do you have a pacemaker? Yes No

Do you have a history of seizures? Yes No

If Yes, please describe: _____

When was your last seizure? _____

Are there any physical disabilities, medical procedures, or medical concerns not previously disclosed that would limit your ability to fulfill the duties of a Guardian? Yes No

If Yes, please describe: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

PHONE: Day: _____ Evening: _____

PERSONAL REFERENCE (not a relative):

Name: _____ Relationship: _____
Phone: _____ Email: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic, video, and reporting equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image and/or name may appear in public forum (i.e. 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 of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the Guardian, and I understand that neither Honor Flight nor the provider of 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.
3. As a Guardian, I agree to donate the tax free sum of \$400 as determined by the Flag City Honor Flight Board of Directors to offset my costs (meals, insurance, charter bus, police escort, T-shirt, neck ID lanyard).

PRINT NAME: _____

SIGNATURE: _____ DATE: ____/____/____

PLEASE SUBMIT THIS FORM TO:

Flag City Honor Flight, Inc.
ATTN: Guardian Application
PO BOX 885
Findlay, OH 45839-0885

OR EMAIL TO:

info@flagcityhonorflight.org

FOR MORE INFORMATION:

(419) 306-9723 or flagcityhonorflight.org

Please refrain from smoking for the comfort and safety of Veterans.
FLAG CITY HONOR FLIGHT OBSERVES AN ALCOHOL-FREE AND SMOKE-FREE DAY.