



# 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 your Veteran submits his/her application at the same time as you submit your application.*

# QUESTIONS

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

Why are you volunteering for Honor Flight?

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## 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: \_\_\_\_\_

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List all current medications: \_\_\_\_\_

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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](mailto:info@flagcityhonorflight.org)

### FOR MORE INFORMATION:

(419) 306-9723 or [flagcityhonorflight.org](http://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.