

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 at the airport, during the flight and at the memorials. Selected guardians are responsible for a set fee that offsets part of their trip expenses (airline fare, etc.). Basic requirements include: be in good health, be in the eligible age range (generally 18-65), be able to push a wheelchair/climb stair; have access to email; attend a specific training session prior to the assigned trip; pay the set fee.

Submission of an application does not guarantee participation. Applicants will be notified if they are selected. For further information, please contact us at call 614-284-4987 or email info@honorflightcolumbus.org

DATE: ____ / ____ / ____

NAME: _____ NICKNAME: _____
(Exactly as it appears on your state photo ID)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS (required): _____

BIRTHDATE (*copy from driver's license*): _____

T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

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? _____

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address _____

Phone Numbers: Day: _____ Evening: _____

* Submission of an application does not guarantee that the applicant will be selected to participate

Are you requesting to travel with a specific veteran, *if possible*? Yes ___ No ___

If yes, please name the veteran: _____

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 (e.g., EMT, CPR, Paramedic):

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to memorialize and document ***Honor Flight*** trips and events, your 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** 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*: _____ DATE: ____/____/____

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

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN

Please scan application and email to: info@honorflightcolumbus.org

OR

Mail to:

Honor Flight Columbus

ATTN: Guardian Application

PO Box 12036

Columbus, OH 43212

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