

HONOR FLIGHT USE ONLY: LAST NAME:

DATE RECEIVED: ____/___/

Honor Flight Huntington 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 physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information, please contact us at 304-634-2393 or www.honorflighthuntington.org. <u>THANK YOU FOR YOUR SUPPORT!</u>

NAME:		NICKN	NICK NAME:						
	(As it appears on your driver's license or government IE))	une.	(If applicable)					
ADD	DRESS:					-			
CITY:				ZIP:					
		Mobile:							
EMAIL:						CIRCLE CAR			
OCCUPATION:		CIPCI	COMM						
	se indicate BRANCH of service and WHERE you served:								
1.	How did you learn about the Honor Flight organization?								
2.									
3.	Please list any prior volunteer experience:								
	Please list one (1) personal reference:				2013-2019-2020-004-004-005-004				
	Name:	Relation	ship	to applicant:					
	Address:								
	City / State / Zip:								
	Email:								
	PHONE: Day								
5.	Please list one (1) emergency contact:								
	Name:	Relation	ship	to applicant:					
	Address:								
	City / State / Zip:								
	Email:								
	PHONE: Day								
6.	Please identify the cit(ies) from which you would be able to f								

our website at www.honorflight.org/programs.

City(ies)

PLEASE COMPLETE PAGE 2 ON REVERSE SIDE

GUARDIAN APPLICATION PAGE 2

7.	Are you requesting to travel with a specific veteran, if possible?	Y / N	If yes, please name the veteran: (Please note that completed
	veteran application must be submitted separately)		
0	Assessmentalises and the second		

CIRCLE ONE

8. Are you able to push a veteran in a wheelchair, even up slight inclines for the entire day? Y / N

9. Can you lift 100 pounds? Y / N

GRCLE ONE

10. 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:

11. T-Shirt Size: S M L XL 2XL 3XL 4XL

12. Please note any medical experience you may have: (e.g., EMT, CPR, Paramedics)

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 Lunderstand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. Lunderstand that Laccept 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.

SIGNATURE*:_

(Email applicants will be required to sign prior to actual trip date)

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

SIGNATURE:

(PARENT/GUARDIAN)

DATE: ____/___/

DATE:

Please submit this form to : Honor Flight Huntington

285 Gallaher St.

Huntington WV 25705

304-634-2393

info@honorflighthuntington.org www.HonorFlightHuntington.org