

FOR HONOR FLIGHT USE ONLY: Last Name \_\_\_\_\_

Date Received \_\_\_\_\_

Requested Veteran \_\_\_\_\_

Date Trained \_\_\_\_\_

Fly Request \_\_\_\_\_

# HONOR FLIGHT CLEVELAND

## Guardian Application

*Honor Flight Cleveland* 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 not limited to, physically assisting the veterans at the airport, during the flight and at the memorials.

NAME \_\_\_\_\_  
**(as it appears on your government issued ID, driver's license or passport – Must bring with you to travel)**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**(must be between 18-75 years of age)**

Occupation \_\_\_\_\_ T-SHIRT SIZE (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

How did you hear about Honor Flight? \_\_\_\_\_

Why are you volunteering for Honor Flight? \_\_\_\_\_

Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ yes \_\_\_\_\_ no

If so, please provide their name \_\_\_\_\_

Would you have a problem pushing a wheelchair? \_\_\_\_\_ 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 list any medication being taken and how often \_\_\_\_\_

Please note any medical experience you may have (EMT, CPR, Nurse, Paramedic, etc) \_\_\_\_\_

Please list one emergency contact

Name \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_

PLEASE COMPLETE THE BACK PAGE

### **PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

- Guardians are also responsible for their own expenses (airline fare, etc) presently \$250.00.**
- Training is required to be completed prior to the flight date, please check [www.honorflightcleveland.com](http://www.honorflightcleveland.com) for dates.**
- As photographs and video equipment are frequently used to memorialize and document *Honor Flight Cleveland* 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 Cleveland* program. I hereby give permission for my images captured during *Honor Flight Cleveland* activities through video, photo or other media, to be used solely for the purpose of *Honor Flight Cleveland* promotional material and publications, and waive any rights or compensation or ownership thereto.
- I understand that *Honor Flight Cleveland* travels with a medical professional but they do NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Cleveland* activities and will not hold *Honor Flight Cleveland* responsible for any injuries or illness incurred by me while participating in the *Honor Flight Cleveland* Program.
- In order to be have complimentary parking, you must park in the airport garage.

Sign x \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

**Please submit this form to:**

Honor Flight Cleveland  
P.O. Box 119  
Elyria, Ohio 44035  
[honorflightcleveland@outlook.com](mailto:honorflightcleveland@outlook.com)