

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 vital role on every trip, ensuring that each 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. Guardians are also responsible for their own expenses (airline fare, etc).

Name _____ (as it appears on your government issued ID) Nickname _____ (if applicable)

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____ Cell _____

Email Address _____ Date of Birth _____

Occupation _____ T-shirt Size (S, M, L, XL, XXL, XXXL) _____ Weight _____

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 his/her name _____

Can you lift 100 pounds? Yes No

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 frequency _____

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

Please list an emergency contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Day _____ Evening _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. 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.
2. I understand that *Honor Flight Cleveland* does 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.

Signed _____ Date _____

Please submit completed application to:

Honor Flight Cleveland
724 Coralberry Lane
Madison, Ohio 44057
honorflightcleveland@outlook.com