



Honor Flight Houston use only: Name: _____ Date received: _____

Guardian Application

Honor Flight Houston 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. Guardians are also responsible for a donation of \$720.00 to assist with airline fare, hotel, etc). For further information, please contact us at (281)652-5072 or visit us at www.honorflighthouston.org.
Thank You for your support.

NAME: _____ NICK NAME: _____
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL: _____

Weight: _____ Age*: _____ DOB: _____ GENDER: M F

**Guardian Applicants over the age of 65 are subject to individual review and approval by Honor Flight Houston.*

Tee Shirt Size (based upon men's sizes) S M L XL XXL XXXL Other _____

OCCUPATION: _____ ARE YOU A VETERAN? YES NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____

2. Please list any prior volunteer experience: _____

Are you requesting to travel with a specific Veteran, if possible? Yes No If Yes, please name the Veteran:

Name: _____ Relationship: _____
(Please note that a completed veteran application must be submitted separately)

PERSONAL REFERENCE

Please list one (1) personal reference:

Name: _____

Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

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Please list one (1) emergency contact:

Name: _____

Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

3. Are you able to push a veteran in a wheelchair up a slight incline? Yes No.

4. Can you lift 100 pounds? Yes No

5. Do you smoke cigarettes or other tobacco products? Yes No

6. 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. _____

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

ACKNOWLEDGEMENT:

By signing this Guardian application, it is understood that although you may be assigned to the care of an individual Veteran for the day, you remain responsible for vigilance towards the needs, safety and well-being of ANY Veterans participating in the Honor Flight trip.

NOTE: This includes family guardians

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 Houston** 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 Houston** program. I hereby release the photographer and **Honor Flight Houston** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Houston** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Houston** 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 veteran and I understand that neither **Honor Flight Houston** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight Houston** activities and will not hold **Honor Flight Houston**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight Houston** responsible for any injuries incurred by me while participating in the **Honor Flight Houston** program.
3. I, _____, hereby authorize Honor Flight Houston to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that Honor Flight Houston will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for this volunteer position will not be processed further.

SIGNATURE *: _____ DATE: ____/____/____

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

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN

Please submit this form to:

**Honor Flight Houston
ATTN: Guardian Application
PO Box 73145
Houston, Texas 77273
(281)652-5072**

Or E-mail to: contactus@honorflighthouston.org