



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. **Guardians must be at least 18 years old and younger than 70 and physically able to complete the duties of a guardian. Spouses of veterans may not serve as guardians.** Duties include, but are not limited to, physically assisting the veterans throughout trip. Guardians are asked to contribute \$300.00 to cover a portion of their flight expense. For further information, please visit us at www.honorflightrochester.org. Thank you for your generous support of our mission.

YOUR FIRST NAME: _____ **INITIAL** _____ **LAST NAME** _____
(As it appears on your ID for airline travel)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Alternate/ Cell Phone: _____

E-MAIL Address: *(Please Print CLEARLY)* _____

NICK NAME: *(for trip name tag)* _____

DATE OF BIRTH: _____ **AGE** _____ **Guardians must be at least 18 years old and younger than 70.

GENDER: Male Female

1) Occupation: _____

5) Please list prior volunteer experience: _____

2) Are you a veteran? Yes ___ No ___
If yes, indicate Branch, when & where you served

6) Please list one (1) PERSONAL REFERENCE:

Name: _____

Address: _____

3) How did you learn about Honor Flight? _____

Phone - Day: _____

- Evening: _____

4) Why are you volunteering? _____

Relationship: _____

E-Mail: _____



Rochester, NY Hub

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7) Please list one (1) EMERGENCY CONTACT:
(Someone available when you are traveling):

Name: _____

Relationship: _____

Address: _____

Phone: Day: _____

Evening: _____

Cell Phone: _____

8) Please list the specific veteran you are requesting to travel with:

Veteran's Name _____

Relationship _____

(Please note: a completed veteran application must be submitted separately)

9) Tee Shirt Size: (circle one)

S M L XL XXL XXXL

10) Can you push your veteran in a wheelchair all day if necessary? Yes ___ No ___

MEDICAL information below is for Honor Flight and medical personnel use ONLY, and is handled with complete confidentiality.

11) Please note any medical experience/training you may have (e.g., EMT, CPR, Paramedic)

12) Please identify any physical disabilities, restrictions and/or medical conditions.

13) List any dietary restrictions/considerations:

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, images of veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Honor Flight**.

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** promotions and publications, and waive any rights of compensation or ownership thereto.

2. I further acknowledge 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 I may incur while participating in the program.

SIGNED: _____

Date: _____

Please submit your completed and signed application to:

**Honor Flight Rochester
ATTN: Guardian Application
P.O. Box 23581
Rochester NY 14692**