

HONOR FLIGHT OF OREGON USE ONLY

Name \_\_\_\_\_ Date \_\_\_\_\_ Veteran \_\_\_\_\_



**HONOR FLIGHT OF OREGON**  
**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, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians make a tax deductible donations (suggest confirming with your tax advisor) to Honor Flight of Oregon which will cover their expenses for the trip. For further information, please contact us at (541) 450-9807 or [honorflightoforegon@gmail.com](mailto:honorflightoforegon@gmail.com). **Approval of Guardian is at the discretion of the Honor Flight of Oregon trip leader.**

**Starting in May 2023, all participants must have an approved TSA True ID**

**For list of approved ID's please visit: <https://www.tsa.gov/travel/security-screening/identification>**

NAME AS IT APPEARS ON PHOTO ID: First: \_\_\_\_\_ Mid: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix \_\_\_\_\_

Name Tag: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening/CELL: \_\_\_\_\_ GENDER: M / F

T-SHIRT SIZE: ( S, M, L, XL, XXL, XXXL) \_\_\_\_\_ Alaska Airline MP # \_\_\_\_\_ TSA # \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ Are you requesting to travel with a specific veteran  Yes  No

If yes, please name the veteran: \_\_\_\_\_ Relationship to veteran: \_\_\_\_\_

**(veteran application must be submitted separately)**

ARE YOU A VETERAN?  Yes  No If yes Branch of service \_\_\_\_\_ Service years \_\_\_\_\_ to \_\_\_\_\_

How did you learn about the Honor Flight organization? \_\_\_\_\_

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

Please list any prior volunteer experience: \_\_\_\_\_

Can You: Assist a veteran with whatever aid they may require?  Yes  No

Push a veteran in a wheelchair up a slight incline?  Yes  No Can you support 100 pounds?  Yes  No

Help load/unload wheelchairs?  Yes  No Lift and carry luggage?  Yes  No

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: \_\_\_\_\_

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

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Please list one (1) personal reference:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

***PLEASE REVIEW CAREFULLY, INITIAL AND SIGN:***

As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 of Oregon program. I hereby release the photographer and Honor Flight of Oregon from all claims and liability relating to said photographs. I hereby give permission for my image captured during Honor Flight activities be used solely for the purposes of Honor Flight promotional material and publications, and wave any rights or compensation or ownership thereto. Initials \_\_\_\_\_

I understand that **Honor Flight does NOT provide medical care**, and I understand that medical insurance is my responsibility. I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight of Oregon, Honor Flight Network, 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. Initials \_\_\_\_\_

SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

**CANCELLATION POLICY: UNLESS THERE IS A MEDICAL EMERGENCY, ONCE FEES ARE PAID ALL CANCELLATIONS WILL BE CHARGED A 5% FEE FROM THE AMOUNT PAID.**

**Please submit this form to:**

**HONOR FLIGHT OF OREGON OR  
PO Box 2427  
Grants Pass, OR 97528**

**e-mail:  
honorflightoforegon@gmail.com  
Questions: call 541 450-9807**