

NAME: _____ DATE REC: _____

VETERAN: _____



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 are also responsible for their own expenses (airline fare, etc.). For further information, please contact us at (541) 955-4544 or honorwwivets@gmail.com. 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: _____ E-MAIL ADDRESS: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____ AGE: _____ DOB: _____ GENDER: M F

OCCUPATION: _____ ARE YOU A VETERAN? _____ YES _____ NO

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

Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No If yes, please name the veteran: (Please note that completed veteran application must be submitted separately) _____

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____

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

Can you lift 100 pounds? _____ 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): _____

PLEASE COMPLETE PAGE 2

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 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, 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* program. 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* 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 guardian and I understand that neither Honor Flight 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 Network activities and will not hold Honor Flight, 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.

SIGNATURE *: _____ DATE: ____ / ____ / ____

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

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

SIGNATURE: _____ DATE: ____ / ____ / ____

Please submit this form to:

HONOR FLIGHT OF OREGON
1987 Demaray Dr.
Grants Pass, OR. 97527

or

Fax to: 541-226-9056

Questions: Call 541 955-4544