



**Please read this page before filling out your application.**

Dear Guardian Candidate,

Thank you for your interest in participating in one of the most important teams around – Honor Flight. Before you fill out the application, there are a few things we would like you to know.

- Southeast Florida Honor Flight is an all-volunteer organization. We receive hundreds of emails and phone calls each month. We do our best to respond to each of them in a timely manner; however, please understand we have limited manpower. If you contact us, expect some delay in our response. **You should receive an email confirming receipt of your application.** If you want to check your status, please email [guardians@honorflightsefl.org](mailto:guardians@honorflightsefl.org).
- The #1 priority of each trip is the **safety** of our veterans and everyone else onboard. Guardians are an integral part of our operation and are selected by our flight team based on the following criteria: **Minimum age is 18. Maximum age is 65.** (With exceptions, as approved by the Board of Directors.) **You must be able to lift 100 lbs. First priority is given to guardians with medical training, active duty or retired military personnel, and to eligible family members meeting the above criteria.**
- Guardian Training – every person serving as a guardian on an honor flight **must** attend guardian training, which is typically two weeks prior to each flight.
- Flying Seasons - We typically fly twice in the Spring and twice in the Fall. If you attend training in April for an April flight and wish to fly again in May, training is not mandatory for the May flight. If you completed training and flew in April and wish to fly again in the Fall – training **is** mandatory for the Fall flight. If you live out of state, please contact us to discuss.
- The guardian fee is \$400, payable at guardian training. This fee covers the guardian's flight, meals, t-shirt, hat and bag.
- We use our website [www.honorflightsefl.org](http://www.honorflightsefl.org) and Facebook [www.facebook.com/honorflight](http://www.facebook.com/honorflight) to communicate with the public. Please look there for current information and news.

**Please initial that you have read this cover sheet \_\_\_\_\_ and proceed to the application.**

# GUARDIAN APPLICATION



The mission of *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 most notably include, but are not limited to, physically assisting the veterans at the airport, during the flight, and at the memorials.

**Thank you for your support.**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_  
(For airline security and travel purposes, you must list your name exactly as it appears on your driver's license or state issued ID.)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? YES / NO (circle one)

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

\_\_\_\_\_

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

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

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

## Please list one (1) Personal Reference:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Please list one (1) Emergency Contact:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone / Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate on which Honor Flight DATE you wish to fly: \_\_\_\_\_  
(Current flight dates are posted on our website [www.honorflightsefl.org](http://www.honorflightsefl.org))

Are you requesting to travel with a specific veteran? YES / NO (circle one)

If Yes, please name the veteran: \_\_\_\_\_

(Please Note: a veteran application must be submitted separately. Spouses are NOT eligible to be a guardian for a veteran.)

Are you able to push a veteran in a wheelchair? Up a slight incline? YES / NO (circle one)

Can you lift 100 pounds? YES / NO (circle one)

Please list any physical disabilities, restrictions and/or medical conditions that may limit your ability to fulfill the duties of a guardian: \_\_\_\_\_

Please note any medical experience you have (Firefighter/EMT, Paramedic, Nurse, CPR, etc.): \_\_\_\_\_

T-SHIRT SIZE: SM MED LG XL XXL XXXL (circle one)

For more information, contact us at 1-(855) FLYAVET (855-359-2838) or [guardians@honorflightsefl.org](mailto:guardians@honorflightsefl.org).

**PLEASE REVIEW CAREFULLY AND SIGN:**

The applicant understands, acknowledges and agrees:

- That as a condition to being a Volunteer and/or Guardian on an Honor Flight mission, I will be doing so at my own risk. Honor Flight Inc., Southeast Florida Honor Flight Inc., as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and/or cancellation insurance is the responsibility of the applicant, volunteer and/or guardian.
- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight Inc. and Southeast Florida Honor Flight Inc.
- The Guardian fee of \$400 is payable at Guardian Training.
- I have read and understand the terms of this application and have signed voluntarily.

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

\_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT / GUARDIAN SIGNATURE**

- Applicants under (18) will require an exception / waiver from the governing board of Southeast Florida Honor Flight. If exception granted parent and / or legal guardian must also sign and date.

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**Submit COMPLETED application to:**  
**Southeast Florida Honor Flight P.O. Box 1503, Stuart, FL 34995**  
*\*Note: Only complete and signed applications will be considered.\**