

# GUARDIAN APPLICATION



**PLEASE READ THIS PAGE BEFORE FILLING OUT YOUR APPLICATION**

Dear Guardian Candidate:

Thank you for your interest in giving back by helping veterans visit the memorials built to honor their service and sacrifices through Honor Flight. Before you complete your application, there are a few things we would like you to know:

- Southeast Florida Honor Flight (SEFHF) 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 18. Maximum age 70.** (Exceptions must be approved by the Board of Directors.) **You must be able to push 250 lbs. one mile. You must attend the three-hour Guardian Training, normally held the Saturday morning two weeks prior to each flight.** First priority is given to guardians with medical training, active duty or retired military personnel and to eligible family members meeting the above criteria.
- **The Guardian Application should be completed online no later than 10 weeks prior to preferred flight date** via our website at [www.honorflightsefl.org/volunteer](http://www.honorflightsefl.org/volunteer). The guardian coordinator will select guardians about ten weeks prior to a flight. Once selected for a flight, you will be contacted by the guardian coordinator.
- **The guardian fee is \$400 per flight.** This fee covers the guardian's flight, meals, t-shirt, hat and bag. Guardian payment fee is payable online at [www.honorflightsefl.org/donatotoday](http://www.honorflightsefl.org/donatotoday) or by mail. Please do not pay the fee until contacted by the guardian coordinator confirming your place on a flight. **Payment must be made after your confirmation phone call and prior to your Guardian Training date.**
- **Guardian Training:** Our typical year consists of two flying seasons--two flights in the spring and two flights in the fall. If you are a guardian on two flights in the same season, **you must attend the first Guardian Training of the season;** however, it is recommended that you attend both as there are always changes. If you are only flying on one of the two flights that season you **must** attend Guardian Training for that flight. If you live out of state, please contact us to discuss.
- **Please check our website** [www.honorflightsefl.org](http://www.honorflightsefl.org) and Facebook Page [www.facebook.com/honorflight](http://www.facebook.com/honorflight) for current communications, as well as guardian-specific information via email.

**PLEASE INITIAL & DATE 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, assist the veterans throughout the trip, help them board/exit airplane and buses, guide them around the memorials, learn about their service, help make their day shine, and treat them like royalty!

## PLEASE PRINT

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_ GENDER: M / F (circle one)

OCCUPATION: \_\_\_\_\_

Please note any medical experience you have such as firefighter/EMT, paramedic, nurse, physician, CPR, etc.

Are you a veteran? YES / NO (circle one) If a veteran, please indicate branch of service, when & where you served.

How did you learn about Southeast Florida Honor Flight? \_\_\_\_\_

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

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

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

If yes, please provide veteran's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE NOTE: A VETERAN APPLICATION MUST BE SUBMITTED SEPARATELY.  
SPOUSE or SIGNIFICANT OTHER ARE NOT ELIGIBLE TO BE A GUARDIAN FOR A VETERAN.**

Are you able to push 250 lbs. for a mile? YES / NO (circle one) Up a slight incline? 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: \_\_\_\_\_

# GUARDIAN APPLICATION (continued)



Please list one Emergency Contact:

Name: \_\_\_\_\_ Relationship to guardian: \_\_\_\_\_

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

Phone/Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Please list one Personal Reference:

Name: \_\_\_\_\_ Relationship to guardian: \_\_\_\_\_

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

Phone/Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

## PLEASE REVIEW CAREFULLY AND SIGN

The applicant understands, acknowledges and agrees:

- That as a condition to being a Guardian and/or Volunteer on an Honor Flight mission, I will be doing so at my own risk. Honor Flight, Inc., Southeast Florida Honor Flight 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, their agents, offices, 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, guardian and/or volunteer.
- 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 prior to Guardian Training.
- I have read and understand the terms of this application and have signed voluntarily.

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

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

PARENT/GUARDIAN SIGNATURE

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

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

Questions? Please call 1-855-FLY-A-VET (359-2838)