

# 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.

FLIGHT DATE PREFERENCE, if any: \_\_\_\_\_

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 requesting to travel with a specific guardian or specific group of guardians? YES / NO (circle one)

If yes, please provide guardian's name(s) or group name: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

# 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 donation 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)

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7/30/21