

Honor Flight of Southern Colorado

PO Box 62040
Colorado Springs, CO 80920
(719)301-6778



www.honorflightsoco.net
info@honorflightsoco.net
501(3)(C) 45-1452929

Thank you for considering joining Honor Flight of Southern Colorado for an amazing trip to Washington DC.

Very briefly, we travel with other Veterans on a three-day Honor Flight to Washington, DC to visit and reflect at the WWII Memorial, the Korean War Memorial, and the VietNam Memorial. Many travelers, students, and other memorial visitors, will greet them and want to shake their hand to express their gratitude and offer their well wishes. Other memorials are included when possible. The last stop is Arlington National Cemetery. The changing of the guard at the Tomb of the Unknowns is a moving and emotional experience.

1. Please fill the form out. The first two pages are yours and for your info.
2. NOTE: Please also scan your Driver's License and COVID shots record (if you have them). If you are choosing not to have vaccinations you will need to provide us with a copy of a current COVID test result. You can obtain this paperwork or a letter/ email from the county or your health provider on the status of that test. We will accept an email, doctor's letter, or whatever they give you.
3. The last 3 pages is also for your information. They are legal disclaimers for the backgrounds. The background checks are done to protect the veterans and ourselves.

- Your completed application including the medical information (please send that to us as soon as it is complete)
- A copy of the identification you will use to get through TSA at the airport (driver's license, retired military ID card, passport, etc.)
- Your complete, up-to-date list of medications and COVID- 19 Vaccination verification.
- A copy of your Living Will, Advance Directive or Do Not Resuscitate instructions IF you have made those decisions.
- IF YOU ARE ON OXYGEN, the Physician Consent Form for an Individual Who Needs to Use a Portable Oxygen Concentrator (POC) During a Southwest Airlines Flight (Must be completed in full by the Passenger's physician and copied onto physician's letterhead) - attached. This form can be used on Southwest Airlines AND to have oxygen delivered in Washington.

We truly hope you will travel with us. If you have questions, please call 719-301-6778 and leave a message. We will get in touch.

The Board of Directors, Honor Flight of Southern Colorado

*We have an obligation to the soldier that did not come home,
To honor the veteran who did.*



Guardian Application

GUARDIAN APPLICATION: Honor Flight could 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 are not limited to: physically assisting the veterans at the airport, during the flight, and at the hotel and memorials. Guardians are responsible for making a donation to cover their own expenses (transportation, airfare, meals, shirts, hats, travel bag, hotel, etc.) The amount of this donation is based on the previous year's travel costs and is adjusted annually in January. For 2021 the donation is \$1,000.

Complete Name as it appears on the identification you use for travel (please attach a copy)
Address
City, State, Zip Code
Phone at which you can most generally be reached
E-Mail
Date of Birth

OCCUPATION _____ ARE YOU A VETERAN? ___Y___N

If a veteran, please indicate branch of service, and when and where you served:

How did you learn of the Honor Flight Organization?

Why are you volunteering for Honor Flight?

Please list any prior experience as a volunteer:

Please list one personal reference: Relationship to you _____

Full name
Address
City, State, Zip
Phone
E-Mail

Please list one emergency contact: Relationship to you _____

Full name

Address
City, State, Zip
Phone
E-Mail

Can you lift 100 lbs? ____ Y ____ N

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:

T-shirt size: S, M, L, XL, XXL, XXXL (please circle one)

Note any medical experience you may have (e.g. MET, RN, CPR, Paramedics, etc.)

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 applicants and I understand the Honor Flight does not provide medical care period. I understand that I accept all risks associated with travel and all other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight Program.
3. Guardian Donation will be paid, no later than 30 days prior to the flight; check or credit card via the website donate button.
4. HAVE YOU EVER, been on an Honor Flight Trip, or visited the Memorials with any other Organization? If so, WHEN _____ and with WHO _____?

SIGNED: _____ DATE ____/____/____

SUBMIT FORM TO: HONOR FLIGHT OF SOUTHERN COLORADO

ATTN: GUARDIAN APPLICATION

PO BOX 62040, Colorado Springs, CO 80920

Or scan and email to: Info@HonorFlightSoCo.NET