



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