

FOR HONOR FLIGHT USE ONLY:

LAST NAME: _____ DATE RECEIVED: ____/____/____



Guardian Application

Honor Flight Southland 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 include physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.). For further information, please contact us at 949.310.6143 or www.honorflightsouthland.org. Thank you for your support.

YOUR NAME: _____ **NICK NAME** _____

(Please list your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

Address: _____ **GENDER:** **M** **F**

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell: _____

EMAIL ADDRESS: _____ **AGE:** _____ **DOB:** _____

OCCUPATION: _____ **ARE YOU A VETERAN?** ____ YES ____ NO

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

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____ Cell: _____

6. Please identify the city(ies) from which you would be able to fly as a Guardian. For a list of active cities, visit "Regional Programs" on the Honor Flight Network at www.honorflight.org/programs.

City(ies): _____

PLEASE COMPLETE BACK PAGE

7. Are you requesting to travel with a specific veteran, if possible? ____YES ____NO If yes, please name the veteran:

(Please note that completed veteran application must be completed separately)

8. Are you able to push a veteran in a wheelchair up a slight incline? ____YES ____NO

9. Can you lift 100 pounds? ____YES ____NO

10. 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._____

11. T-Shirt Size: (S, M, L, XL, XXL, XXXL) ____

12. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Southland (HFS) and the Honor Flight Network (HFN)** 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 **HFS and the HFN** program. I hereby release the photographer and **HFS and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFS and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFS and the HFN** promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran and I understand that neither **HFS and the HFN** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **HFS and the HFN** activities and will not hold **HFS and the HFN**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **HFS and the HFN** responsible for any injuries incurred by me while participating in the **HFS and the HFN** program.

SIGNATURE*: _____ DATE: ____/____/____

(Email applicants will be required to sign prior to actual trip date)

D M Y

- If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN

D M Y

Please submit this form to:

Honor Flight Southland
Attn: Guardian Application
26 Club Vista
Dove Canyon, CA 92679

or

Sign, scan and email to:

honorflightsouthland@yahoo.com