

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date Received: ____/____/____



Guardian Application

Honor Flight Fayette 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, but not limited to, physically assisting the veterans at the airport during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.). Guardians must be at least 18 years old. Training of guardians will be provided and is **mandatory** in order to volunteer for this position. For further information, please contact us at (770) 719-1024. You can also visit us at www.honorflightfayette.org. Thank You for your support.

NAME: _____ NICKNAME: _____
(As it appears on your ID for airline travel) (If applicable)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____ AGE: _____

OCCUPATION: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

ARE YOU A VETERAN? YES NO

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

How did you learn about the Honor Flight Fayette organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience or special skills you have: _____

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

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

PLEASE COMPLETE BACK PAGE

Are you requesting to travel with a specific veteran, if possible? YES NO. If yes, please name the veteran:

_____ (Note that completed veteran application must be submitted separately)

Can you lift 100 pounds? YES NO.

Please identify any physical disabilities, restrictions and or medical conditions that would limit your ability to fulfill the duties of guardian: _____

Also, please list any medications being taken and how often: _____

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 Fayette* 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 Fayette* program. I hereby release the photographer and *Honor Flight Fayette* from all claims and liability relating to said photographs I hereby give permission for my images captured during *Honor Flight Fayette* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight Fayette* 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 veteran and I understand that *Honor Flight Fayette* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Fayette* activities and will not hold *Honor Flight Fayette* responsible for any injuries incurred by me while participating in the *Honor Flight Fayette* program.
3. I understand that ALL of my expenses (airfare, meals, transportation, etc.) are MY responsibility and not *Honor Flight Fayette* and are to be paid in advance and are non-refundable.

SIGNED: _____ DATE: _____
(E-mail applicants will be required to sign prior to actual trip date)

Please submit this form to:

Honor Flight Foundation of Fayette, Inc.

ATTN: Guardian Application

Po Box 1209

Fayetteville, GA 30214

Or e-mail to: info@honorflightfayette.org

Or fax to: (770) 460-5281