

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

Guardian Application

Honor Flight Northeast Indiana

Honor Flight Northeast Indiana, Inc., a hub affiliated with the Honor Flight Network, (“**Honor Flight**”) would not be successful without the generous support of our guardians. Thank you for your support! 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 memorials. Guardians are responsible for their own expenses (flight cost, souvenirs, etc.). For further information please contact us at (260) 633-0049 or at honorflightnei@gmail.com. You can also visit us at www.hfnei.org. All information provided on this application is private and is for **Honor Flight** purposes only.

YOUR FULL NAME: _____ Nick Name: _____

First FULL middle Last (if applicable)

Date of Birth: _____ Age: _____ Drivers License/ID Number _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Evening: _____ Cell: _____

Email Address: _____

Tee Shirt Size: S M L XL XXL XXXL, Other _____

Can you lift 100 pounds? Yes No

Occupation: _____

Are you a veteran? Yes No If Yes, please indicate branch of service, when, and where you served: _____

How did you hear about Honor Flight? _____

Why are you volunteering for Honor Flight? _____

Please list previous volunteer experience: _____

Please list one personal reference:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Evening: _____ Cell: _____

Email Address: _____

Emergency Contact Information: (someone available to contact the day you travel)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Evening: _____ Cell: _____

Are you requesting to travel with a specific veteran, if possible? Yes No If Yes, please name the veteran: _____

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

Please make sure both pages 1 and 2 of this application are completed.

Updated 3/2015

Your Name _____

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

Medications (medication name and frequency) (please attach a list if you need more space)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have drug allergies? _____

Additional comments or concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN

I, the undersigned, acknowledge, and agree, that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 image, 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 to compensation or ownership thereto.

I am solely responsible for my medical insurance and I understand that Honor Flight does NOT provide medical care. I represent that I understand the duties as a guardian, am physically capable of performing them and will promptly notify Honor Flight of any limitations that may affect my ability to perform those duties. I understand and accept all risks associated with travel and all other Honor Flight activities. I further agree, without limitation, on behalf of myself and any successors or assigns, to hold Honor Flight wholly harmless for any injuries or any losses incurred by me while participating in the Honor Flight program.

SIGNATURE: _____ Date: ____/____/____

(Applicant must sign this application prior to actual flight date)

Please submit this completed form to:
Honor Flight Northeast Indiana
Guardian Application
P.O. Box 5
Huntertown, IN 46748

Please make sure both pages 1 and 2 of this application are completed.

Updated 3/2015

Because the guardians play a critical role in the safety of our honored veterans, Honor Flight Northeast Indiana reserves the right, in its sole and absolute discretion, to disqualify a potential guardian at any time if it is determined that the potential guardian may be physically, emotionally, or otherwise incapable of adequately performing the duties required of a guardian.
