FOR HONOR FLIGHT	USE ONLY L.N.:	D.R.:	1



GUARDIAN APPLICATION

Honor Flight 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.).

NAN	ME:	NICK NAME:				
(As it appears on your driver's license		e or government ID.)		(IF APPLICABLE)		
ADI	DRESS:					
CIT	Y:	STATE:	ZIP:		_	
	ONE: DAY:				_	
	AIL ADDRESS:					
oco	CUPATION:	ARE YOU A	A VETERAN?	YES	NO	
If a v	veteran, please indicate BRANCH of serv	vice, and WHEN and WHERE	you served:			
1.	How did you learn about the Honor I	light organization?				
2.	Why are you volunteering for Honor	Flight?				
3.	Please list any prior volunteer experi-	ence:			—	
4.	Please list one (1) personal reference	:				
	Name:		Relationship	o applicant:		
	Address:					
	City/State/Zip:					
	E-Mail Address:					
	Phone Numbers: Day:					
5.	Please list one (1) emergency contact	:				
	Name:		Relationship	o applicant:		
	Address:					
	City/State/Zip:					
	E-Mail Address:					
	Phone Numbers: Day:		Evening:			
6.	Please identify the city(ies) from whi	ch you would be able to fly as	a Guardian. For a li	st of active cities, visit "Regio	nal	
	Programs" on our website at http://w	ww.honorflight.org/programs	or call our office at 9	37.521.2400.		
	City(ies):					

PLEASE COMPLETE PAGE 2

7.	(C)	ou requesting to travel with a specific veteran, if possible?YesYesYesYes	1937 (1908)	olease	name	the			
8. 9.	-at	ou able to push a veteran in a wheelchair up a slight incline? Yes ou lift 100 pounds? Yes No	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. 12.		t Size: (S, M, L, XL, XXL, XXXL) note any medical experience you may have (e.g., EMT, CPR, Paramedics),							
<u>PLE</u> A		TEW CAREFULLY AND SIGN:							
	The un	As photographic and video equipment are frequently used to memorialize and docum his/her image may appear in a public forum, such as the media or a website, to acknot the <i>Honor Flight</i> program. I hereby release the photographer and <i>Honor Flight</i> from photographs. I hereby give permission for my images captured during <i>Honor Flight</i> media, to be used solely for the purposes of <i>Honor Flight</i> promotional material and prompensation or ownership thereto.	wledge, promote n all claims and l activities through	or ad iabilit h vide	vance t y relati o, phot	he work on ng to said to, or othe			
	2.	I further state that medical insurance is the responsibility of the veteran and I understate provider of free private aircraft ("Flight Provider") provides medical care. I understate travel and other Honor Flight Network activities and will not hold Honor Flight, the I or quoted in any advertisement or public service announcement for or on behalf of Ho incurred by me while participating in the Honor Flight program.	nd that I accept al Flight Provider, o	l risks or any	associ	iated with appearing			
SIGN	NATUR	E *:	DATE:	_/_	1				
		(E-mail applicants will be required to sign prior to actual trip date)	D		M	Y			
* If u	nder 18,	a parent/guardian must also sign and date below.							
SIGN	ATURE	:	DATE:		1				
		PARENT/GUARDIAN		D	M	Y			

Please send to: Honor Flight Northland P.O. Box 7229 Duluth, MN 55807-2473