



GUARDIAN APPLICATION

Honor Flight Long Island 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.) For further information, please contact us at (631) 702-2423 or www.honorflight.org. Thank You for your support.

DATE: _____ / _____ / _____

M D YR

NAME: _____ NICK NAME: _____

(As it appears on your ID for airline travel)

(If applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____

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: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

5. **Please list one (1) emergency contact:**

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

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 our website at <http://www.honorflight.org/regional> or call our office at 937.521.2400.

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 submitted separately)

8. Can you lift 100 pounds? _____Yes _____No

9. 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. _____

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

11. 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* 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.
- I further state that medical insurance is the responsibility of the veteran and I understand that *Honor Flight* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight* program

SIGNED*: _____ DATE: ____/____/____

(E-mail applicants will be required to sign prior to actual trip date)

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

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN

Please submit this form to: Honor Flight Long Island
c/o Department of Human Services
Southampton Town Hall
116 Hampton Road
Southampton, NY 11968

631 702-2423

www.honorflight.org