



GUARDIAN APPLICATION

Honor Flight Long Island would not be successful without the generous support of our Guardians who 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 asked to make a \$400 donation which is applied to program expenses and to attend the Mandatory Guardian Orientation.** Please mail or email this form to: Honor Flight Long Island, c/o Jamie Bowden, Department of Community Services, 116 Hampton Road, Southampton, NY 11968 or send via Email to jbowden@southamptontownny.gov For more information call (631) 702-2423 or visit our website at www.honorflightlongisland.org

DATE: _____ / _____ / _____
M D YR

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____ EMAIL _____

DATE OF BIRTH _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

APPROXIMATE WEIGHT _____ HEIGHT _____

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN? ___ YES ___ NO.

IF YES, PLEASE NAME THE VETERAN. _____

OCCUPATION: _____ ARE YOU A VETERAN? ___ YES ___ NO

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

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list one (1) emergency contact: (someone available on the ground the day you travel)

Name: _____ Relationship to applicant: _____

Address: _____

E-Mail Address: _____

Phone: _____ Cell: _____

PLEASE COMPLETE BACK PAGE

Can you lift 75 pounds? ____ Yes ____ No

Are you able to push a Veteran (about 175- 225 lbs) in a wheelchair up a slight incline? ____ Yes ____ No

Are you able to walk 7 miles, while pushing your assigned veteran in a wheelchair throughout a 15-18-hour day?
____ Yes ____ No

Can you assist your veteran in standing back up if he/she should fall? ____ Yes ____ No

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. *Because this is a physically demanding day, all guardians are subject to a medical check by our team to ensure they can care for the veteran during his/her flight day.*

Do you have a problem with motion sickness? Circle: YES NO (it is advised if you DO, please see your physician to obtain medication/ or properly self-medicate to avoid issues, as you must be able to function as a guardian the entire day)

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

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*** 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.
2. I further state that medical insurance is the responsibility of the Guardian 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 or complications from a medical event while participating in the ***Honor Flight*** program.

SIGNED*: _____ DATE: ____/____/____

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

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN