



HONOR FLIGHT HOUSTON Use Only-Name: _____ Date Recv'd: _____

GUARDIAN APPLICATION

Honor Flight Houston 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 a donation of \$720.00 to assist with airline fare, hotel, etc..) For further information, please contact us at **281-652-5072** or visit us at www.HonorFlightHouston.org
Thank you for your support!

YOUR NAME: _____ **NICKNAME:** _____

(Please list your First, Middle, and Last Name as it appears on your driver's license or government ID) If applicable

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ST:** _____ **ZIP:** _____

PHONE: HOME: _____ **CELL:** _____ **OTHER:** _____

EMAIL ADDRESS: _____ **DATE OF BIRTH:** _____

AGE*: _____ **WEIGHT:** _____ **GENDER:** M F / **TEE SHIRT SIZE:** S M L XL 2X 3X

**Minimum age of Guardian Applicants is 18 years old. Guardian Applicants over the age of 65 are subject to individual review and approval by Honor Flight Houston*

OCCUPATION: _____

ARE YOU A VETERAN? YES NO **If Yes, please indicate the following:**

Branch of Service: _____ Dates Served: From: _____ To: _____

Where Served: _____

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

Veteran Name: _____ Relationship: _____

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

1. How did you learn about the Honor Flight organization? _____

2. Please list any prior volunteer experience: _____

3. Are you able to push a veteran in a wheelchair up a slight incline? Yes No

4. Can you lift 100 pounds? Yes No

5. Do you smoke cigarettes or other tobacco products? Yes No

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

7. Please list any medications being taken and how often: _____

8. Do you have any allergies or special dietary requirements?: Yes No If Yes, please list: _____

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

PERSONAL REFERENCE

Please list one (1) personal reference:

NAME: _____ Relationship to Applicant: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone Number(s): Day: _____ Cell: _____ Other: _____

EMERGENCY CONTACT **(Available the days traveling):*

NAME: _____ Relationship to Applicant: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone Number(s): Day: _____ Cell: _____ Other: _____

**Emergency contact should not be your personal reference*

ACKNOWLEDGEMENT:

By signing this Guardian application, it is understood that you will need to have completed Guardian training prior to the flight and it is also understood that although you may be assigned to the care of an individual veteran for the day(s), you remain responsible for vigilance towards the needs, safety, and well-being of ANY veterans participating in the Honor Flight trip.

NOTE: This includes family Guardians

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 Houston** 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 Houston** program. I hereby release the photographer and **Honor Flight Houston** from all claims and liability relating to said photographs. I here-by give permission for my images captured during **Honor Flight Houston** activity through video, photo, or other media to be used solely for the purposes of **Honor Flight Houston** 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 neither **Honor Flight Houston** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight Houston** activities and will not hold **Honor Flight Houston**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight Houston** responsible for any injuries incurred by me while participating in the **Honor Flight Houston** program.
3. I, _____, hereby authorize **Honor Flight Houston** to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that **Honor Flight Houston** will utilize an outside firm or forms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and this in such a case, no investigation will be done, and my application for this volunteer position will not be processed further

SIGNED: _____ DATE: ____/____/____

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

SIGNED: _____ DATE: ____/____/____

PARENT/GUARDIAN

PLEASE SUBMIT THIS FORM TO:

HONOR FLIGHT HOUSTON

Attn: Guardian Application

PO Box 73145

Houston, TX 77273

281-652-5072

Or Email to: Veterans@HonorFlightHouston.org