



# Honor Flight Upstate South Carolina 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, attending training briefings, bringing our veterans at a preflight orientation meeting, & physically assisting at the airport, during the flight and at the memorials. Guardians selected for the flight cover the cost of their own travel. Spouses of Honorees are not eligible. For more information, please contact us at (864) 869-VETS (8387) or e-mail: [vets2dc@gmail.com](mailto:vets2dc@gmail.com). **Thank You** for your support! **For updates visit: [www.honorflightupstatesc.com](http://www.honorflightupstatesc.com)**

**NOTE:** You will only be contacted if and when you are selected for a flight. Email for your status. **During 2015, guardians will pay \$400 to cover their travel expenses.** This payment is due at the guardian training, approximately one month before the flight date.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**YOUR NAME:** \_\_\_\_\_ Preferred: \_\_\_\_\_  
(Full name as it appears on government ID) (For Name Tag)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size:** (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Are you a Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_

If a veteran, 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 any prior volunteer experience:** \_\_\_\_\_

• **Please list one (1) personal reference:**

**Name:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone Numbers: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

• **Please list one (1) emergency contact:**

**Name:** \_\_\_\_\_ **Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone Numbers: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

- 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)

Name: of Veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

**NOTE: Spouses of WWII veterans traveling with us are not eligible to serve as guardians.**

- Can you lift 100 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_
- 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.

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Do you take blood thinners or aspirin? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how often? \_\_\_\_\_
- Do you have any drug allergies? \_\_\_\_\_
- Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), \_\_\_\_\_

If CPR, EMT, etc, is your certificate current? \_\_\_\_\_

**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 while participating in the **Honor Flight** program.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail applicants will be required to sign prior to actual flight date)

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian signature( if applicant under 18 years of age)

Forms may be mailed or e-mailed:

**mail:** Honor Flight Upstate  
Attn: Guardian Application  
P.O. Box 838  
Simpsonville, SC 29681

**e-mail:** [vets2dc@gmail.com](mailto:vets2dc@gmail.com)

**Visit our website:**  
[www.honorflightupstatedesc.com](http://www.honorflightupstatedesc.com)