



## 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 pay a fee to cover their own travel expenses. 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! **Visit our website for updates:** [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 2013, 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, e-mailed or faxed as indicated below:

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

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

**fax:** 864-642-2525

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