



Honor Flight Upstate SC 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, physically assisting the veterans 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) 963-5774 or (864) 878-1014, or e-mail: vets2dc@charter.net.

Thank You for your support! Visit our website: www.honorflightupstatesc.com

DATE: ____/____/____
Month Day Year

YOUR NAME: _____ Preferred: _____
(Full name as listed on state-issued I.D.) (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 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 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@charter.net

fax: (864) 963-5774

Visit our website:
www.honorflightupstatedesc.com