



# 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:

[honorflightofsouthcarolina@gmail.com](mailto:honorflightofsouthcarolina@gmail.com). **Thank You** for your support! *NOTE: You will only be contacted if and when you are selected for a flight. Email for your status. Guardians pay \$600 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 / significant others of our honored veterans traveling with us are not eligible to serve as guardians.**

• Can you lift 60 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.

\_\_\_\_\_

• 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 South Carolina  
Attn: Guardian Application  
P.O. Box 838  
Simpsonville, SC 29681

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

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