

FOR HONOR FLIGHT USE ONLY: Last Name: _____ Date Received: ____/____/____

Guardian Application

Honor Flight Northeast Indiana

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 are also responsible for their own expenses (airline fare, etc.). For further information, please contact us at (260) 855/226; or honorflightnei@ioclarkgo. You can also visit us at www.hfnei.org. Thank you for your support.

YOUR FULL NAME: _____ NICK NAME: _____
First FULL Middle Name Last (if applicable)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

EMAIL ADDRESS: _____ AGE: _____

OCCUPATION: _____

ARE YOU A VETERAN? YES NO If a YES, please indicate BRANCH of service, WHEN and WHERE you served: _____

How did you hear about Honor Flight? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____

Please list one (1) personal reference: NAME: _____

RELATIONSHIP: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

EMERGENCY CONTACT INFORMATION: (someone available to contact the day you travel)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Please identify the city or cities from which you would be able to fly as a Guardian. For a list of active cities, visit "Regional Programs" on our website at <http://www.honorflight.org/regional> or call the national office at 937.521.2400

Cities: _____

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.) _____

Please note any medical experience you may have: _____

Can you lift 100 pounds? YES NO

Tee Shirt Size: S, M, L, XL, XXL, XXXL, Other () _____

Please make sure both page 1 and page 2 of this application are completed.

Your Name: _____

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

Please list any medications being taken and how often.

MEDICATIONS (Medication name and frequency) (Please attach a list if you need more space)

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**?:

Additional Comments or Concerns:

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 Northeast Indiana and the Honor Flight Network ("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

SIGNATURE: _____

DATE: / /

(E-mail applicants will be required to sign prior to actual flight date)

Please submit this completed form to:

**Honor Flight NE Indiana
Guardian Application ~~XXX~~
P.O. Box 5
Huntertown, IN 46748**