



Guardian Application

Form GA - 01

We 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 are not limited to, assisting the Veterans at the airport, during the flight, at the memorials and post flight.

As a Guardian, I agree to donate the tax free sum of \$500.00, as determined by the Honor Flight Bluegrass Chapter Board of Directors to offset my costs (airfare, meals, insurance, charter bus, police escort, tee-shirt, neck ID lanyard and lapel pin) involved with my participation in an Honor Flight Mission.

As a 501 (c)(3) Charity as determined by the IRS, your donation is tax deductible to the full extent of the law and shall be acknowledged by the Honor Flight Bluegrass Chapter.

PLEASE NOTE THAT GUARDIAN TRAINING IS MANDATORY TO ASSUME THE RESPONSIBILITIES AS A "QUALIFIED GUARDIAN" BEFORE BEING ALLOWED TO PARTICIPATE ON A MISSION

PLEASE TYPE OR PRINT LEGIBLY

DATE: (MM/DD/YYYY): _____

FULL LEGAL NAME (No Initials Please)

FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ E-MAIL: _____

DATE OF BIRTH (MM/DD/YY): ____/____/____ AGE: _____ GENDER _____

OCCUPATION: _____ ARE YOU A VETERAN? YES ___ NO _____

If a veteran, please indicate BRANCH of service, Military Occupation and WHEN and WHERE you served:

How did you learn about the Honor Flight? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____



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Please list an Alternate Contact:

Name: _____ Relationship to applicant: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day: () _____ Evening: () _____

Please list an emergency contact, one who can be contacted on the day of the trip:

Name: _____ Relationship to applicant: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone Numbers: Day: () _____ Evening: () _____ Cell: () _____

Southwest Airlines Frequent Flyer # (if applicable): _____

Are you requesting to travel with a specific Veteran, if possible? Yes ___ No ___ If Yes, please provide the full name of the Veteran: _____

(Please note that the Veteran application must be completed separately):

Can you lift 100 pounds? Yes ___ No ___

MEDICAL: INFORMATION PROVIDED BY YOU WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP; HOWEVER, IN THE BEST INTERESTS OF A GUARDIAN'S SAFETY AND SECURITY, CIRCUMSTANCES MAY DICTATE THAT A GUARDIAN MAY BE REFUSED PARTICIPATION IN THE MISSION IF HE/SHE IS OBSERVED TO BE PHYSICALLY OR MENTALLY UNABLE OR INCAPABLE TO DO SO.

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 by name being taken, dosage and how often.



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Do you have any drug allergies? YES ___ NO ___ Describe In Detail: _____

Do you have any food allergies? YES ___ NO ___ Describe In Detail: _____

Do you have a history of seizure? YES _____ NO _____ Please describe what type (i.e. Grand Mal., Petit Mal., other): _____

When was your last seizure? _____

If within past 5 years, We **STRONGLY** advise that you discuss trip with your private physician!

Do you have problems with motion sickness (sea or air)? YES _____ NO _____

If **YES**, is it controlled with medications? YES _____ NO _____

If motion sickness is not controlled with medications; it is **STRONGLY** advised that you discuss the trip with your private physician!

Do you have any breathing problems? YES _____ NO _____ If **Yes**, Please describe: _____

Do you use a home nebulizer machine? YES ___ NO ___ If **Yes**, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use oxygen at any time? YES _____ NO _____ **if yes, is it continuous or intermittent flow from a gaseous bottle or a Portable Oxygen Concentrator?** Describe: _____

Your physician must state your condition and diagnosis requiring oxygen and that you are stable and are capable of travel. A prescription containing the flow rate, continuous or intermittent use and the delivery device for Oxygen to be provided and used during flight and the tour must accompany this application.

Do you have a problem walking the length of a football field without assistance? YES _____ NO _____

If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.) _____

Do you have a history of open head injuries, sinus problems, or ear problems? YES _____ NO _____

If **YES**, have you flown since the open head injury, sinus or ear problems occurred? YES _____ NO _____

If **YES**, did you have any problems? YES ___ NO ___

If **YES**, it is **STRONGLY** advised that you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise that you discuss the trip with your private physician.

Are you legally blind? Yes _____ No _____



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Are you color blind? Yes__ No ____

Are you deaf or hard of hearing? Yes _____ No _____ If **yes**, please describe: _____

Do you have a Urostomy or Colostomy bag? YES _____ NO _____ If **yes**, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Have you been diagnosed with Dementia or Alzheimer's disease? YES _____ NO _____

(PLEASE NOTE IF THE PROSPECTIVE GUARDIAN HAS BEEN DIAGNOSED WITH DEMENTIA/ALZHEIMERS, HE/SHE SHALL BE DISQUALIFIED TO PARTICIPATE ON A HONOR FLIGHT TRIP.)

Have you been diagnosed with Diabetes? Yes _____ No _____
If **yes**, how is it controlled? Pills _____ Insulin _____

Have you ever been declared disabled (other than a service connected disability) by a state court?
YES _____ NO _____

Do you wear or have a heart pacemaker implanted? YES _____ NO _____

What is your weight? _____ LBS

Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically or mentally participate in this event? If **yes**, please explain. _____

Do you require a special meal? Yes _____ No _____ If **yes** please describe _____

Do you have a Living Will or Advance Directive? Yes __ No ____ if **yes** a copy must be provided with this application.

Shirt Size: S ____ M ____ L ____ XL ____ XXL ____ XXXL ____

Please note any medical experience you may have: _____

Do you have Medical Insurance? Yes__ No__ if **yes**, please provide the name of the Insurer and the policy number: _____

Do you have Supplemental Medical Insurance? Yes__ No__ if **yes**, please provide the name of the Insurer and the policy number: _____



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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.**
- 3. I state that the scope and nature of the Honor Flight program and activities have been explained to me and I am physically and mentally able to travel and engage in the Honor Flight program and activities.**
- 4. I UNDERSTAND THAT IN THE BEST INTERESTS OF MY SAFETY AND SECURITY AND THOSE OF THE HONOR FLIGHT BLUEGRASS CHAPTER, CIRCUMSTANCES MAY DICTATE THAT I MAY BE REFUSED AND/OR DENIED PARTICIPATION IF I AM OBSERVED TO BE PHYSICALLY AND/OR MENTALLY UNABLE OR INCAPABLE TO DO SO.**
- 5. I understand and accept all risks associated with travel and other Honor Flight activities and will hold Honor Flight, its agents, directors, members or assigns, harmless for any injuries I sustain or omissions which cause harm to me while participating in the Honor Flight program and activities, and expressly release them from any and all liability whatsoever. I expressly intend to bind my heirs by this release and waiver.**
- 6. I understand that participation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in the Honor Flight Network and/or the Honor Flight Bluegrass Chapter's mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct**
- 7. In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person(s) for me. In the event that this person(s) cannot be reached, permission is hereby given to the medical provider selected by the Honor Flight Network and/or the Honor Flight Bluegrass Chapter to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information within the Honor Flight Network and/or any physician or health care provider involved in providing medical care to the participant.**



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- 8. I have carefully considered the risk involved and give consent to participate.
- 9. To safeguard the disclosure of your information entrusted by you to the Honor Flight Network and/or the Honor Flight Bluegrass Chapter:
 - a. We shall not share, trade or sell your information without your permission, except as permitted or required by law.
 - b. We shall keep your personal and health information confidential. We shall not disclose your information without your permission, except as permitted or required by law.
 - c. I approve the sharing of the information on this form within the Honor Flight Network/Honor Flight Bluegrass Chapter and professionals who need to know of medical conditions and situations that might require special consideration for the safe conducting of its mission.
- 10. You give the Honor Flight Network and/or the Honor Flight Bluegrass Chapter permission to verify your medical condition with your physician(s).

Type or Print Full Name: First _____ Middle _____ Last _____

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

SIGNED: _____

DATE: (MM/DD/YYYY): ____/____/____

Please submit this form to:

Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364

Or E-Mail to: info@honorflightbluegrass.org

For further information:

Contact us a (888) 998-1941

Visit us at www.honorflightbluegrass.org

*** If under 18 years of age, a parent/guardian must also sign and date below.**

*SIGNATURE: _____ DATE: (MM/DD/YYYY) _____

PARENT/GUARDIAN