



# GUARDIAN APPLICATION

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 not limited to, assisting the veterans at the airport, during the flight and at the memorials. **PLEASE PRINT LEGIBLY**

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D YR

**LEGAL NAME:** \_\_\_\_\_  
First Full Middle Name Last

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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, and WHEN and WHERE you served: \_\_\_\_\_

1. How did you learn about the Honor Flight ? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience: \_\_\_\_\_

4. **Please list one (1) personal reference:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. **Please list one (1) emergency contact:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

6. Southwest Airlines Frequent Flyer # (if applicable): \_\_\_\_\_

7. Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please name the veteran: (Please note that the veteran application must be completed separately)
- \_\_\_\_\_
8. Can you lift 100 pounds? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. 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. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_
11. Please note any medical experience you may have: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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*. I hereby release the photographer and the *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 the *Honor Flight* or any individual hubs do **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 trip date)

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN

Please submit this form to: Honor Flight Bluegrass.  
 PO Box 43986.  
 Middletown, KY 40253-0986

Or e-mail to: [honorflight@insightbb.com](mailto:honorflight@insightbb.com)