



## HONOR FLIGHT BLUEGRASS – GUARDIAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to see their respective memorial at no cost to the veteran.

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 and post flight.

**As a Guardian, I agree to donate the 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, t-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.**

<b>When filling out name, we must have full name due to TSA regulations.</b>	<b>PLEASE PRINT</b>	<b>Veteran Contact Information</b>	<b>PLEASE PRINT</b>
<b>FIRST NAME</b>		<b>STREET ADDRESS</b>	
<b>MIDDLE NAME (If no middle name, leave blank)</b>		<b>CITY</b>	
<b>LAST NAME / SUFFIX (i.e. Smith Jr)</b>		<b>STATE</b>	
<b>DATE OF BIRTH (mm/dd/yyyy)</b>		<b>ZIP CODE</b>	
<b>GENDER (M or F)</b>			

Please fill out even if they are the same. If you do not have an email address, perhaps a family member can assist you by using theirs so that we can communicate with you via email as well.

<b>DAY TIME PHONE</b>		<b>MOBILE PHONE</b>	
<b>EVENING PHONE</b>		<b>EMAIL ADDRESS</b>	

*Please Submit This Completed Form To:  
Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364  
For additional information, please call: (888) 998-1941*



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<b>ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE?</b>	YES ____ NO ____
<b>VETERAN FIRST NAME</b>	
<b>VETERAN MIDDLE NAME (If no middle name, leave blank)</b>	
<b>VETERAN LAST NAME / SUFFIX (i.e. Smith Jr)</b>	

<b>CAN YOU LIFT 100 POUNDS?</b>	YES ____ NO ____
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<b>OCCUPATION</b>	_____
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<b>PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE</b>	_____
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<b>Place an "X" to the right of your T-SHIRT size.</b>							
<b>SM</b>		<b>LG</b>		<b>2XL</b>		<b>4XL</b>	
<b>MD</b>		<b>XL</b>		<b>3XL</b>		<b>OTHER</b>	

This space is provided for any remarks or comments.	_____ _____
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<b>HOW DID YOU HEAR ABOUT HONOR FLIGHT?</b>	_____ _____
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<b>ARE YOU A VETERAN?</b>	YES ____ NO ____		
<b>IF YES, THEN COMPLETE SERVICE HISTORY - Place an "X" in the appropriate block(s).</b>			
Army	Marine Corps		Women's Army Auxiliary Corps/Women's Army Corps (WAC)
Navy	Army Air Corps		Women Air Force Service Pilots (WASP)
Air Force	Nurse Corps		Women Accepted for Volunteer Military Services (WAVES)
Coast Guard			

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<b>VETERAN ELIGIBLE SERVICE DATES - Place an "X" in the appropriate block(s).</b>					
WWII (12/7/1941 - 12/31/1946)		KOREA (6/27/1950 - 1/31/1955)		VIETNAM (2/28/1961 - 5/7/1975)	
<b>SUBSEQUENT ELIGIBLE SERVICE DATES - Place an "X" in the appropriate block(s).</b>					
LEBANON (6/1/1983 - 12/1/1987)		BOSNIA (11/20/1995 - 3/23/1999)			
GRENADA (10/23/1983 - 11/21/1983)		KOSOVO (3/24/1999 - 12/31/2013)			
PANAMA (12/20/1989 - 1/31/1990)		AFGHANISTAN (10/7/2001 - Present)			
PERSIAN GULF (8/2/1990 - 11/30/1995)		IRAQ (3/19/2003 - 12/31/2011)			
SOMALIA (12/5/1992 - 3/31/1995)					

Tell us about what rank you attained, where you are originally from, and any stories that are interesting about your assignments, duties, and tours. Please include any personal decorations you received.

<b>RANK</b>	
<b>HOMETOWN (City and State)</b>	
<b>Activity During your Service Period including Duty Assignments</b>	<hr/> <hr/> <hr/> <hr/>

**Emergency and Alternate Contact Information is required. Please list two different people in the event the first contact is unavailable. Very important that we can contact people on the day of the flight in the event of an emergency.**

<b>EMERGENCY CONTACT INFORMATION - The Emergency Contact should be someone available on the day of the trip.</b>	<b>PLEASE PRINT RESPONSES BELOW</b>	<b>ALTERNATE CONTACT INFORMATION - The Emergency Contact should be someone available on the day of the trip.</b>	<b>PLEASE PRINT RESPONSES BELOW</b>
<b>FIRST NAME</b>		<b>FIRST NAME</b>	

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LAST NAME		LAST NAME	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DAY TIME PHONE		DAY TIME PHONE	
EVENING PHONE		EVENING PHONE	
MOBILE PHONE		MOBILE PHONE	
EMAIL ADDRESS		EMAIL ADDRESS	

MEDICAL INFORMATION provided by you will not disqualify you. It permits us to access the support we need during the trip; however, in the best interests of a veteran's safety and security, circumstances may dictate that a veteran may be refused to participate in the mission if he/she is observed to be physically or mentally unable or incapable to do so. All medical information provided is for Honor Flight Bluegrass and Medical Personnel use only and will be kept strictly confidential. In the event a veteran wants to transfer to another hub location, medical records are not transferred.

<b>MEDICAL INFORMATION</b>	Place an "X" in the appropriate block	IF YES, please answer subsequent questions:
WEIGHT	_____ lbs	
MEDICATIONS – Please list your medications with dosage and usage per day.	<hr/> <hr/> <hr/> <hr/>	

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<b>Please answer the following medical related questions.</b>	<b>Place an "X" in the appropriate block</b>	<b>IF YES, please answer subsequent questions:</b>
<b>DO YOU HAVE AN DRUG ALLERGIES?</b>	YES ___ NO ___	Please describe: _____ _____
<b>DO YOU HAVE ANY FOOD ALLERGIES?</b>	YES ___ NO ___	Please describe: _____ _____
<b>DO YOU HAVE A HISTORY OF SEIZURES?</b>	YES ___ NO ___	Please describe: _____ _____
<b>DO YOU HAVE ANY BREATHING PROBLEMS?</b>	YES ___ NO ___	Please describe: _____ _____
<b>ARE YOU LEGALLY BLIND?</b>	YES ___ NO ___	
<b>ARE YOU DEAF OR HARD OF HEARING?.</b>	YES ___ NO ___	
<b>DO YOU HAVE A UROSTOMY OR COLOSTOMY BAG?</b>	YES ___ NO ___	Please describe: _____ _____
<b>HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ALZHEIMER'S DISEASE?</b>	YES ___ NO ___	
<b>HAVE YOU BEEN DIAGNOSED WITH DIABETES?</b>	YES ___ NO ___	How is your diabetes controlled? (Insulin or Pills) _____
<b>DO YOU WEAR OR HAVE A HEART PACEMAKER IMPLANTED?</b>	YES ___ NO ___	
<b>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 participate in this event? IF YES, please explain.</b>		_____ _____ _____ _____
<b>DO YOU REQUIRE A SPECIAL MEAL? IF Yes, please explain.</b>	YES ___ NO ___	Please describe: _____ _____

**NOTE: If you have applied and you need to update your information, please have a family member use our contact form:**  
<http://www.honorflightbluegrass.org/contact>

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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.
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 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 and professionals who need to know of medical 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(s) with your physician(s).

**I agree to donate the sum of \$500.00 prior to the flight. Funds are not required at the time of application.**

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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