



VETERANS HONOR FLIGHT OF SOUTHERN ILLINOIS

GUARDIAN APPLICATION

Each Honor Flight veteran is assigned a guardian. To serve as a guardian, you must complete this application and attend guardian training. Guardians must also pay the guardian fee. Guardians must be between age 18 and 70 on flight date to be eligible. Guardians may not be a spouse or significant other of any veteran on the flight. Complete information is available at www.veteranshonorflight.org/guardians

THIS APPLICATION IS NOT A GUARANTEE YOU WILL FLY.

YOUR FULL NAME: _____ **NICK NAME:** _____
Last First Middle (For use on name badge)

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL: _____ **WEIGHT:** _____ **SHIRT SIZE:** S M L XL XXL XXXL
(A valid email address is required to receive notifications from Veterans Honor Flight)

DATE OF BIRTH: ____ / ____ / ____

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

If a veteran, indicate branch, dates, and location of service: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience _____

PROVIDE A REFERENCE

NAME: _____ **RELATIONSHIP:** _____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT INFORMATION (someone not flying with you who can be contact on flight day)

NAME: _____ **RELATIONSHIP**

PHONE: _____ **EMAIL:** _____

REQUESTED VETERAN

Are you requesting to fly with a specific veteran? YES NO

If yes, please provide the full name of the veteran: _____

NOTE: A veteran application must be active in our system separately.

SAFETY

Are you capable of pushing a veteran in a wheelchair up an incline? YES NO

Can you lift 100 lbs? YES NO

Do you have any disabilities, physical restrictions, or medical conditions that would limit your ability to fulfill the duties of a guardian? _____

Note any medical experience you may have (CPR, EMT, Paramedic, Nurse, etc) _____

PLEASE READ CAREFULLY & SIGN:

The undersigned acknowledges and agrees that:

1. I further state that medical insurance is the responsibility of the guardian and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
2. The full name and date of birth listed on this application match exactly with government issued photo ID carried by the guardian. I understand I may not be allowed to fly if a discrepancy exists in this information due to flight security pre-screening.

SIGNATURE: _____

DATE: _____

Mail this form to:

**Veterans Honor Flight of Southern Illinois
 ATTN: Guardian Applications
 10400 Terminal Drive, Suite 200
 Marion, IL 62959**

INTERNAL USE ONLY

Date Received: _____

WebWare Processed By: _____