



PLEASE READ THIS PAGE BEFORE FILLING OUT YOUR APPLICATION.

Dear guardian candidate;

Thank you for your interest in becoming a part of one of the most important teams around – Honor Flight. Before you fill out your application there are a few things we would like you to know.

- Honor Flight South Florida, Inc.. is an all volunteer organization. We receive hundreds of emails and phone calls each month. We do our best to respond to each of them in a timely manner however please understand we have limited manpower. If you contact us expect some delay in our response. If you have not received a response within a week please try again. Also - we do not call to confirm receipt of your application. If you want to check your status please send us an email.
- The #1 priority of each trip is the safety of our veterans and everyone else on board. Guardians are an intergral part of our operation and are selected by our flight team based on our critera (explained on the application). Not every applicant is accepted. Guardians candidates requesting to guide a family member must meet the same critera as non-family candidates and are not guaranteed acceptance.
- Guardian Training – every person serving as a guardian on an honor flight must attend guardian training conducted by Honor Flight South Florida, Inc. prior to each flight. Guardian training is typically offered twice before each trip. If you live out of state please contact us to discuss your options.
- The guardian fee is \$400. It is due when you have been assigned a flight and is not refundable.
- We use our website www.honorflightsouthflorida.org to communicate with the public – please look there for information before contacting us.

Please initial that you have read this cover sheet _____ and proceed to the application.

FOR HONOR FLIGHT USE ONLY LN: _____ DR: _____/_____/_____

GUARDIAN APPLICATION



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 the "guardian fee." For further information, please contact us at 855-FLY-1-VET (359-1838) or visit us at www.honorflightsouthflorida.org. Thank you for your support.

Your Name: _____ Nick Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

E-Mail Address: _____ Weight: _____ Date of Birth: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

Are you a permanent resident of Florida? (circle one) **YES NO**

If only a seasonal resident, when do you reside in Florida? _____

OCCUPATION: _____ **ARE YOU A VETERAN?** (circle one) **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 organization? _____

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: _____ Phone: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____ City/State/Zip: _____

E-Mail: _____ Phone: Day: _____ Evening: _____

6. Are you requesting to travel with a specific Veteran? YES NO (circle one)

If YES, please name the Veteran: _____

(Please note that the Veteran application must be submitted separately, with a note on each application cross-referencing to the other application. Spouses are not eligible to be a Guardian for the Veteran.)

PLEASE COMPLETE NEXT PAGE

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION (Only complete applications will be considered.)

7. Are you able to push a Veteran in a wheelchair up a slight incline? (circle one) **YES NO**

8. Can you push 100 pounds? (circle one) **YES NO**

9. Please identify any physical disabilities, restrictions and/or medical conditions that may limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often.

10. T-Shirt Size (circle one): S M L XL XXL XXXL

11. Please note any medical experience you may have (e.g., EMT, CPR, Paramedic, Nursing, etc): _____

Guardians are selected by our flight selection team based on qualifying criteria. Generally there is one guardian for every Veteran. At the time of the flight, the Guardian must be at least 18, and for those over 65 that wish to be a Guardian, you will need to be qualified by our Flight Medical director. The Guardian must be physically fit and be able to push 100 pounds, as he / she may be assisting Veterans in and out of wheelchairs, up and down stairs, etc. First priority shall be given to medically trained volunteers and active duty military personnel. Family members of Veterans (with the exception of spouses and significant others) are eligible to apply - however they must meet selection criteria. The Guardian is responsible to pay for his / her trip and must attend a mandatory training session. The Guardian fee is \$400 and is non-refundable.

PLEASE REVIEW CAREFULLY AND SIGN:

The applicant understands, acknowledges and agrees:

- That as a condition to being a Volunteer and/or Guardian on an Honor Flight mission, I will be doing so at my own risk. Honor Flight South Florida, Inc. as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, loses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and/or cancellation insurance is the responsibility of the applicant, volunteer and/or guardian.
- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight South Florida, Inc..
- The Guardian fee of \$400 is non refundable.
- I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE: _____ DATE: ____/____/____

Applicants under 18, will require an exception/waiver from the governing board of Honor Flight South Florida, Inc.. If exception granted parent and/or legal guardian must also sign and date.

PARENT/GUARDIAN SIGNATURE DATE: ____/____/____

Submit completed applications to:
Honor Flight South Florida, Inc. • P.O. Box 16821 • Plantation, Florida 33318
Note only complete and signed applications will be considered