



Rochester, NY Hub

# Guardian Application

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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 are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for a significant contribution to expenses (airline fare, etc.). For further information, please contact us at [www.HonorFlightRochester.org](http://www.HonorFlightRochester.org). Thank you for your generous support.

**YOUR FULL NAME:** \_\_\_\_\_  
(As it appears on your ID for airline travel)

NICK NAME: (If Applicable) \_\_\_\_\_

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AGE \_\_\_\_\_ E-MAIL Address: (Please Print CLEARLY) \_\_\_\_\_

1) Occupation: \_\_\_\_\_  
\_\_\_\_\_

5) Please list prior volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

2) Are you a veteran? Yes \_\_\_ No \_\_\_  
*If yes, indicate Branch, when & where you served*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) How did you learn about Honor Flight? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Please list one (1) PERSONAL REFERENCE:

Name: \_\_\_\_\_

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

Phone - Day: \_\_\_\_\_

- Evening: \_\_\_\_\_

4) Why are you volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Relationship: \_\_\_\_\_



7) Please list one (1) EMERGENCY CONTACT:  
(someone available when you are traveling):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

8) Are you requesting to travel with a specific veteran? Yes \_\_\_ No \_\_\_

Veteran's Name \_\_\_\_\_

Relationship \_\_\_\_\_

(Please note: a completed veteran application must be submitted separately)

9) Can you lift 100 pounds? Yes \_\_\_ No \_\_\_

10) Tee Shirt Size: (circle one)

S M L XL XXL XXXL

**MEDICAL information below is for Honor Flight and medical personnel use ONLY, and is handled with complete confidentiality. It is NOT intended to disqualify you from travel, but permits us to assess support needed for each Honor Flight.**

11) Please note any medical experience/training you may have (e.g., EMT, CPR, Paramedic)

\_\_\_\_\_  
\_\_\_\_\_

12) Please identify any physical disabilities, restrictions and/or medical conditions that could limit your duties as a guardian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) Please list any medications you regularly take, and the frequency of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, images of veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Honor Flight**.

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** promotions and publications, and waive any rights of compensation or ownership thereto.

2. I further acknowledge that medical insurance is the responsibility of the guardian and I understand that **Honor Flight** does **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 I may incur while participating in the program.

SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit your completed and signed application to:**

**Honor Flight - Rochester  
ATTN: Guardian Application  
P.O. Box 23581  
Rochester NY 14692**