

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date: ___/___/___

Guardian Application

Honor Flight Northwest Georgia 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 their own expenses (airline fare, etc.). Thank You for your support. For further information, please visit www.HonorFlightNorthwestGeorgia.com

YOUR NAME: _____

(As it appears on your ID for airline travel)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____

Cell Phone: _____ Other: _____

E-MAIL ADDRESS: _____

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 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 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. Please identify the city from which you would be able to fly as a Guardian. _____

7. Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No

If yes, please name the veteran: (Please note that completed veteran application must be submitted 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. TEE Shirt Size: (S, M, L, XL, XXL, XXXL)

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

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 Northwest Georgia 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 Northwest Georgia does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Northwest Georgia activities and will not hold Honor Flight Northwest Georgia responsible for any injuries incurred by me while participating in the Honor Flight Northwest Georgia program.

SIGNED*: _____
PRINTED NAME: _____ DATE: ___/___/___

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

SIGNED NAME OF PARENT: _____
PRINTED NAME OF PARENT: _____ DATE: ___/___/___

Please submit your completed form to:

Honor Flight Northwest Georgia
ATTN: Guardian Application
P.O. Box 4121
Cartersville, GA 30120