

GUARDIAN APPLICATION

The mission of **Honor Flight Central Florida** 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 most notably 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.).

For more information, contact us at hfcfl.guardians@gmail.com or call our HFCFL Guardian Coordinator at 407-900-4604. Thank You for your support.

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME _____
(For airline security and travel purposes, you must list your name exactly as it appears on your driver's license or state issued ID.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARE YOU A PERMANENT RESIDENT OF FLORIDA? YES NO (*circle one*)

IF ONLY A SEASONAL RESIDENT, WHEN DO YOU RESIDE IN FL: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL: _____ AGE: _____ DOB: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES NO (*circle one*)

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 BOTH PAGES OF THE APPLICATION (Only complete applications will be considered.)

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

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

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: S, M, L, XL, XXL, XXXL (circle one)(limit one per person)

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

Guardians are selected by Flight Leadership based on qualifying criteria. Generally there is one guardian for every three Veterans, depending on the needs of the individual Veterans on that particular flight. At the time of the flight, guardians must be at least 18, and no more than 65 years of age and be able to easily lift 100 pounds, as many times they may be assisting Veterans in to or out of wheelchairs, up and down stairs, etc. First priority shall be given to medically trained volunteers, active duty military personnel and guardians who have previously flown and serve as leadership members. Family members (with the exception of spouses) of Veterans are eligible to apply, however we cannot guarantee they will travel with their Veteran relative. Guardians are responsible to pay for their trip and must attend a mandatory training session. The estimated cost is \$500 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 Central Florida and our fiscal agent Southeast Florida Honor Flight, 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 Inc and Southeast Florida Honor Flight Inc.
- The Guardian fee of approximately \$500 is non refundable.
- I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE: _____ DATE: ____/____/____
***(E-mail applicants will be required to sign prior to actual trip date)**

PARENT/GUARDIAN SIGNATURE **DATE: ____/____/____**

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

Submit completed applications to:
Honor Flight Central Florida, Inc. P.O. Box 953247 Lake Mary, FL 32795-3247
(*Note only complete and signed applications will be considered***)**