

HONOR FLIGHT NORTHERN COLORADO
GUARDIAN APPLICATION

Honor Flight Northern Colorado would not be possible 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 departure, the airport, during the flight, at the hotel, and at the memorials. Guardians are required to make a donation of at least \$900.00 to help defray the cost of their trip. This donation is tax deductible, non-refundable, but only due once a guardian has been selected and agreed to serve on a specific flight. **Honor Flight Northern Colorado** pays all travel expenses, lodging and meals. Guardians are responsible for other incidentals.

Guardians must be at least 21 and no more than 70 years of age, unless approved by Honor Flight Northern Colorado.

Spouses of veterans may not serve as Guardians on the same trip.

Guardians must reside within 100 miles of Ault, Colorado in order to attend two mandatory 1-2 hour training session and to complete trip preparations.

See Our web-site: <http://www.honorflightnortherncolorado.org>

GUARDIAN INFORMATION

FIRST NAME: MIDDLE NAME: LAST NAME:

(As it is on your ID, for airline travel and security)

NICKNAME: DATE OF BIRTH: AGE:

SEX: Male Female T-SHIRT SIZE (men & women): Sm Med Lg XL XXL XXXL
 WOMEN'S JACKET SIZE: Sm Med Lg XL XXL XXXL

(Men's jacket size will match T-Shirt. Women, please specify a separate jacket size.)

ADDRESS: CITY: STATE: ZIP CODE:

CONTACT INFORMATION: DAY PHONE: EVENING PHONE: CELL:

(You must have an e-mail address or access to e-mail so that we can contact you.) E-MAIL ADDRESS:

PERSONAL REFERENCE

NAME: RELATIONSHIP:

ADDRESS: CITY: STATE: ZIP CODE:

CONTACT INFORMATION: DAY PHONE: EVENING PHONE: CELL:

E-MAIL:

EMERGENCY CONTACT INFORMATION

(SOMEONE WE CAN CONTACT WHEN YOU TRAVEL)

NAME: RELATIONSHIP:

ADDRESS: CITY: STATE: ZIP CODE:

CONTACT INFORMATION: DAY PHONE: EVENING PHONE: CELL:

E-MAIL:

ADDITIONAL GUARDIAN INFORMATION

ARE YOU A VETERAN?

(If yes, please indicate your BRANCH of service and WHEN and WHERE you served)

Yes

No BRANCH: WHEN: WHERE:

EXPERIENCE: List your OCCUPATION and any MEDICAL or other RELEVANT experience or training that you have (e.g. EMT, CPR, Paramedic, etc.)

OCCUPATION:

MEDICAL EXP:

OTHER EXP:

Do you have any physical disabilities, and/or medical conditions that would limit your ability to fulfill the duties of a guardian?
(If Yes, please identify the condition.) Yes No

CONDITION:

Do you have any drug allergies? Yes No If yes, to what?

Are you a relative of a veteran traveling on this Honor Flight trip?
(If Yes please identify the veteran's name. Yes No VETERAN'S NAME

(NOTE: A separate "Veteran's Application" must also be submitted for the veteran.)

Have you been a Guardian on a previous Honor Flight Northern Colorado trip?
(If yes, please tell us when) Yes No WHEN:

Why are you volunteering to be an Honor Flight Guardian?

EXPLAIN:

PLEASE REVIEW CAREFULLY AND SIGN:

Video and still photography will be used to memorialize and document the trip, to acknowledge and promote the work of Honor Flight. Your image may appear in public forums such as the media or our web site. By signing below, you release the photographer and Honor Flight Northern Colorado from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of Honor Flight Northern Colorado promotional material and publications, and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand medical expenses will be your responsibility and that you understand that Honor Flight Northern Colorado DOES NOT provide medical care. Also, you understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold Honor Flight Northern Colorado liable for any injuries sustained while participating in the program.

You confirm your understanding of the physical activity required during the trip. This may include helping veterans up and down steps and over obstacles, pushing a veteran in a wheelchair for up to a mile, handling baggage, and other activities that you may be called on to perform.

You further understand that your primary responsibility will be the safety and well being of the veterans traveling on the trip. This is not a trip for your own personal sight seeing or visiting with and escorting any specific individual. You will be under the direction of the Honor Flight Northern Colorado officers responsible for the trip.

If you are traveling with a specific veteran, you understand and agree that you will be required to care for and assist all the veterans that you are assigned to.

Also, the Honor Flight trip begins and ends at a location designated by Honor Flight Northern Colorado and all guardians are expected to participate in the entire trip.

Guardian's Signature: _____ Date: _____

See our web-site: <http://www.honorflightnortherncolorado.org/>

For questions about your Honor Flight trip or guardian expectations call:

President Stan Cass: (970) 454-5660 or Vice-President Lee Seward: (970) 834-0216

For general inquiries call: (970) 396-8487

**Mail your application to: Honor Flight Northern Colorado
P.O. Box 363-0363
Ault, CO 80610**

Print Form