



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 each veteran has a **safe** and memorable experience. Duties include physically assisting the veteran at the airport, during the flight and at the memorials. **Guardians are asked to make a donation to offset expenses.** For further information, please contact us at 317-559-1600 or visit www.indyhonorflight.org.

NAME: _____ NICK NAME: _____
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____ GENDER: M F

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. 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) _____
7. Are you able to push a veteran in a wheelchair up a slight incline? Yes / No.
8. Can you lift 100 pounds? Yes / No (If so you may be assigned a specific role such as helping load buses)
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. T-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** 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 neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Indy Honor Flight, The Honor Flight Network, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
3. I also understand that as a Guardian, if selected, I am responsible to pay for my own expenses via a donation (**as of 1/1/2013 \$450.00**) will need to be made prior to departure. This will cover Airfare to and from Washington DC as well as transportation and meals while there.

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

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

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

When completed in full please mail this form to:

**Indy Honor Flight, Inc.
 ATTN: Guardian Application
 9093 South SR 39
 Mooresville, IN 46158**

You may also:

**Fax it to 317-539-5625
 Or email it to info@indyhonorflight.org**