

**Leatherstocking Honor Flight  
GUARDIAN APPLICATION**

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

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

Leatherstocking Honor Flight, a hub of the National Honor Flight Network, is successful because of 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. The Guardian fee includes airfare, private tour bus, lunch, dinner, T-shirt and everything needed for the "Honor Flight" day. Payment of \$350.00 is due three weeks prior to the date of the flight.

**PLEASE PRINT YOUR NAME AS IT APPEARS ON YOUR ID FOR AIRLINE TRAVEL (License, Passport, Gov't ID)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

NICK NAME (if applicable) \_\_\_\_\_  MALE  FEMALE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ T-shirt size: SM M L XL 2XL 3XL

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

COUNTY OF RESIDENCE: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Home Phone Number: (    )    -

Cell Phone Number: (    )    -

**MILITARY EXPERIENCE: (if applicable)**

Branch of Service: \_\_\_\_\_ Veteran of which War: \_\_\_\_\_ Dates: \_\_\_\_\_

Please tell us about your time served...any medals received, ships, battles, aircraft, etc.

Rank or Specialty: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Do you have a **Veteran** who you wish to accompany on the flight?  Yes  No

If yes, please list person and relationship to you.\*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Day Phone Number: (    )    -

Evening Phone Number: (    )    -

**\*This person will need to complete a Veteran" application**

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**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day Phone Number: (    )    -

Evening Phone Number: (    )    -

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day Phone Number: (    )    -

Evening Phone Number: (    )    -

**GUARDIAN MEDICAL INFORMATION:**

**Medication List (Please use another sheet of paper and attach to this sheet, if necessary.)**

Medication	Taken How Often	Medication	Taken How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of being a Guardian:

Do you have a history of seizures?  Yes  No *If yes, we recommend you discuss this trip with your private physician.*

Drug /Food Allergies:  Yes  No \_\_\_\_\_  Do you carry an Epi-Pen?  Yes  No

If needed, are you able to lift 100 lbs.?  Yes  No

Please note any medical experience you may have (e.g., EMT, CPR, Paramedic, Nurse, Doctor)

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

Additional Comments or Concerns: \_\_\_\_\_  
\_\_\_\_\_

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**PERMISSION FOR VIDEO, PHOTOS, OTHER MEDIA**

Photographic and video equipment are frequently used to memorialize and document Leatherstocking Honor Flight trips and events. Guardians' images may appear in a public forum, (media or website) to acknowledge, promote or advance the work of the Leatherstocking Honor Flight Program.

I hereby release the photographer and Leatherstocking Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Leatherstocking Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Leatherstocking Honor Flight promotional materials and publications and waive any rights or compensation of same.

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

\_\_\_\_\_  
Signature / Initials

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

**Spouses of Veterans may not serve as "Guardians".**

**Kindly submit this form to:**

**Liz Reinhart, Veterans' Coordinator  
665 Latimer Hill Road  
Canajoharie, NY 13317**

**If you have any questions, please call Liz Reinhart at 518 339 2464**