

# GUARDIAN APPLICATION

FOR HONOR FLIGHT USE ONLY LN: \_\_\_\_\_ DR: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The Oklahoma Warriors Honor Flight 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. Guardians are responsible to physically assist the Veterans prior to flight, during flight and throughout the visits to the memorials. This is a LONG day! Guardians cannot be a spouse/significant other and must be between 18-70 years of age. Guardians are required to pay their expenses. The Guardian fee is \$700 and is non-refundable. Each Guardian is required to attend a mandatory training session to ensure the safety and success off the mission. Once you are confirmed on a flight, you will be notified of when and where to submit your payment. Family guardian applications MUST be received prior to Veteran notification, Oklahoma Warriors Honor Flight is a non-profit 501©3 organization and the guardian fee donation is tax-deductible. For more information, please contact us at [info@oklahomawarriors.org](mailto:info@oklahomawarriors.org), 877-422-6943 or visit [www.oklahomawarriors.org](http://www.oklahomawarriors.org)

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

Address: \_\_\_\_\_

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

Phone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a veteran? **YES NO** If YES, please indicate Branch of Service, and WHEN and WHERE you served:

\_\_\_\_\_

Gender (circle one): M F Shirt Size (circle one): S M L XL XXL XXXL

Please list any prior volunteer experience: \_\_\_\_\_

## PRIMARY EMERGENCY CONTACT INFORMATION:

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

Address: \_\_\_\_\_

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

Phone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Cell: \_\_\_\_\_

## PERSONAL REFERENCE:

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

Address: \_\_\_\_\_

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

Phone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Cell: \_\_\_\_\_

Are you requesting to travel with a specific Veteran? **YES NO**

If YES, please provide Veteran's name: \_\_\_\_\_

Are you able to push a Veteran in a wheelchair up a slight incline? **YES NO**

Can you lift 100 pounds? **YES NO**

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.

Do you have any food, drug, or insect allergies? **YES NO** If YES, please list: \_\_\_\_\_

Please note any medical experience you may have (e.g., EMT, CPR, Paramedic, Nursing, etc.): \_\_\_\_\_

**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 Oklahoma Warriors Honor Flight program. I hereby release the photographer and Oklahoma Warriors 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 Oklahoma Warriors 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 veteran and I understand that Oklahoma Warriors Honor Flight, the providers of air/ground transportation and housing services do not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Oklahoma Warriors Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of the Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this COMPLETED form to:**

Oklahoma Warriors Honor Flight  
Attn: Guardian Application  
P.O. Box 375  
Colcord, OK 74338

**or via email to:**

[applications@oklahomawarriors.org](mailto:applications@oklahomawarriors.org)

**If you have any questions, please contact us at 877-422-6943**

