Oklahoma Warriors Honor Flight

GUARDIAN APPLICATION

FOR HONOR FLIGHT USE ONLY LN: ______ DR: _____ /_____ /_____

The Oklahoma Warriors Honor Flight would not guardians. Guardians play a significant role on every experience. Guardians are responsible to physically assivisits to the memorials. This is a LONG day! Guardians of years of age. Guardians are required to pay the refundable. Each Guardian is required to attend success off the mission. Once you are confirmed submit your payment. Family guardian applications Warriors Honor Flight is a non-profit 501©3 organization information, please contact us at info@oklahomawarrior.	trip, ensuring that every veteran has a sist the Veterans prior to flight, during flig cannot be a spouse/significant other and meir expenses. The Guardian fee is a mandatory training session to ensure on a flight, you will be notified of MUST be received prior to Veteran rand the guardian fee donation is tax-rs.org, 877-422-6943 or visit www.oklahomers.	safe and memorable that and throughout the nust be between 18-70 \$600 and is non sure the safety and when and where to notification, Oklahomadeductible. For more
Name: ————————————————————————————————————		
Address:		
City:	State:	_ Zip:
Phone: (Day):	_ (Evening):	_ Cell:
Email:	DOB: Occupation: _	
Are you a veteran? YES NO If YES, please indicat	te Branch of Service, and WHEN and WHERE y	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).	Call

Are you requesting to travel with a specific Vet If YES, please provide Veteran's name:	teran? YES NO
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, restrictustion fulfill the duties of a guardian. Also, please lis	ctions, and/or medical conditions that may limit your ability to t 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 h	have (e.g., EMT, CPR, Paramedic, Nursing, etc.):
PLEASE REVIEW CAREFULLY AND SIGN:	
The undersigned acknowledges and agrees that:	
his/her image may appear in a public forum, such a of the Oklahoma Warriors Honor Flight program. I from all claims and liability relating to said photog	ently used to memorialize and document Honor Flight trips and events, as the media or a website, to acknowledge, promote or advance the work hereby release the photographer and Oklahoma Warriors Honor Flight graphs. I hereby give permission for my images captured during Honor a, to be used solely for the purposes of Oklahoma Warriors Honor Flight by rights or compensation or ownership thereto.
Flight, the providers of air/ground transportation accept all risks associated with travel and other Hother Flight Provider, or any person appearing or quot	onsibility of the veteran and I understand that Oklahoma Warriors Honor and housing services do not provide medical care. I understand that I onor Flight activities and will not hold Oklahoma Warriors Honor Flight, ed in any advertisement or public service announcement for or on behalf irred 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

applications@oklahomawarriors.org



or via email to: