



## 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 every 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 also responsible for their own expenses (airline fare, etc.) For further information, please contact us at 423.330.6189 or <http://www.honorflightnetn.org>. Thank You for your support.

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: \_\_\_\_\_

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