

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
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:

- Guardian payment is to be **Paid In Full** on or before the Guardian Training Meeting which is held three weeks prior to the trip.
- Refunds to Guardians for cancellations of the Honor Flight trip will not be given after the date of the Guardian Training Meeting with the **exemption** of a Death in the Family or a medical emergency.

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

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

SIGNATURE: _____ DATE: ____/____/____
 PARENT/GUARDIAN D M Y

Please submit this form to:

Honor Flight of Northeast Tennessee
 1005 Opekiska Ext.
 Erwin, Tn 37650
 423.330.6189
www.honorflightnetn.com