



Space Coast Honor Flight Guardian Application

For Honor Flight Use Only	
Last Name _____	Date _____

GUARDIAN REQUIREMENTS: Space Coast Honor Flight is successful because of the efforts and support of our Guardian Escorts. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. **Guardians must be between the ages of 18 and 70 years of age.** Duties include, but are not limited to, physically assisting the Veterans throughout the trip. For further information, please contact us at **1-321-456-7031**, email us at guardian@spacecoasthonorflight.org, or find us on the web at www.spacecoasthonorflight.org. **There is a required \$400 tax deductible donation for guardians.** Thank you for your support.

YOUR INFORMATION

Your Full Name _____ Badge Nickname _____
(for airline security and travel purposes, name information must match your driver's license or state issued picture identification)

Street Address _____ City _____

County _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____ Birthdate (mm/dd/yyyy) _____

T-Shirt Size S M L XL XXL XXXL Gender: Male Female

Weight (must have) _____ Height _____

Are you a Veteran? Yes No If Yes, indicate branch and dates of service: _____

Employer _____ Work Phone _____

If retired, previous occupation: _____

Are you a Snowbird? Yes No Dates: From _____ To _____

Please list medical experience you may have (e.g., EMT, CPR, Paramedic, RN, MD, etc.): _____

Are you requesting to fly with a specific Veteran? Yes No *A completed Veteran application must be submitted for this person.*

If Yes, please name the Veteran: _____ Relationship _____

*Spouses/Significant Others are not eligible to go with the named Veteran.
 Exception: Spouses who served in the military may go as a Veteran Buddy.*

MEDICAL/FITNESS INFORMATION

• Can you push a Veteran in a wheelchair up a slight incline, walk approximately 6 miles during the day, and stand for 30-45 minutes? Yes No

• Please list any physical disabilities, restrictions, and/or medical conditions which could impact your ability to perform the duties of a Guardian:

• Are you Diabetic? Yes, diet controlled Yes, Insulin dependent No

• Please list any special medications being taken:

• Do you have any food or drug allergies? Yes No If Yes, please list: _____

EMERGENCY CONTACT (someone available the day you travel, not traveling with you)

Name _____ Relationship _____
Street Address _____
City _____ State _____ ZIP _____
Primary Phone _____ Cell Phone _____
Email Address _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility and I understand that Space Coast Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Space Coast Honor Flight activities and will not hold Space Coast Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the Space Coast Honor Flight program.
3. SCHF Leadership's trip focus is safety, dignity, and honoring our Veterans. Since the Orientation is the first opportunity to evaluate the physical condition and capability of a proposed Guardian to fulfill that role, the SCHF Board of Directors reserves the right to evaluate a proposed Guardian's ability to safely accomplish those duties and, if necessary, assign another person to serve as the Veteran's escort.
4. A Guardian who is unable to attend the Mandatory Orientation because they live outside the area, MUST arrive 30 minutes before the scheduled show time on trip day to accomplish that training. Failure to show for that training will result in replacement with a trained Guardian.
5. As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the Honor Flight program. I hereby release the videographer/photographer and Space Coast Honor Flight from all claims and liability relating to said images. 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 Honor Flight promotional material and publications, and waive any rights of compensation or ownership thereto.
6. **I understand that a pre-payment of \$400 will be required** before the trip and that this payment is to be made on or before the required Guardian pre-trip orientation.
7. I acknowledge that this application consists of 2 pages.

Print Your Name _____ Signature _____ Date _____

**Please mail this form to:
Space Coast Honor Flight
PO Box 560975
Rockledge, FL 32956**