



Connecticut Honor Flight
A Hub of the National Honor Flight Network

GUARDIAN APPLICATION

For Connecticut Honor Flight Use Only:

LAST NAME: _____ **Date Received:** _____

Connecticut Honor Flight, a hub of the National Honor Flight Network, 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. Guardian duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the Memorials. Guardians are responsible for their own expenses (airfare, etc.).

Note: The current Guardian fee is \$350.00 which covers the cost of all transportation and meals.

The veteran may request a family member (son, daughter, grandson, etc.) or friend to accompany them. The spouse of the veteran may NOT serve as the guardian. Guardians must be able-bodied between the ages of 18 & 70, and generally a minimum of one generation removed. If a family member/ friend is not available, a Guardian can be provided. All Guardians must submit a Guardian Application Form.

****NOTE: Please enter your name as it appears on your ID for airline travel (Driver's License, passport, Gov't ID)****

Last Name _____ First _____ Middle Initial _____

NICKNAME: (if applicable) _____ Male or Female _____

AGE: _____ DOB: ____ / ____ / ____ County of Residence: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: (____) _____ (____) _____
Home Cell

Email Address: _____

T-Shirt Size: SM MED LG XL 2XL 3XL Weight: _____ lbs. Ht. _____

If you are a veteran, please indicate branch of service, and WHEN and WHERE you served:



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GUARDIAN APPLICATION
(Cont'd)

EMERGENCY CONTACT #1 (Someone who will be available the day you travel)

NAME: _____

PHONE: (____) _____ (____) _____
Home Cell

EMERGENCY CONTACT #2 (Additional Contact Person)

NAME: _____

PHONE: (____) _____ (____) _____
Home Cell

Are you requesting to travel with a specific Veteran? **Yes** **No**

If yes, please name the Veteran: _____

If needed, can you lift 100 pounds? **Yes** **No**

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfil the duties of a Guardian;

Please note any medical experience you may have (e.g. EMT, CPR, Paramedic, Nurse, Doctor)

MEDICATIONS
(NAME AND HOW OFTEN TAKEN)

Medication	How Often Taken	Medication	How Often Taken
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug or food allergies? **Yes** **No** _____

If Yes, please list: _____



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GUARDIAN APPLICATION
(Cont'd)

Do you have a history of seizures? **Yes** **No** Please describe (i.e., grand mal, petit mal, other)

If yes, when was your last seizure: _____ / _____ / _____
(If within the last five years, it is STRONGLY advised that you discuss this trip with your private physician!)

Additional Comments or Concerns: _____

Please tell us why you are interested in being a Guardian for the Connecticut Honor Flight;

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 *Honor Flight/Connecticut Honor Flight* Program. I hereby release the photographer and *Honor Flight/Connecticut Honor Flight*, of all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight/Connecticut Honor Flight* Program to be used solely for the purposes of *Honor Flight/Connecticut Honor Flight* promotional materials and publications, and waive any rights or compensation or ownership thereto.

2. I further understand that *Honor Flight/Connecticut Honor Flight* does not provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight/Connecticut Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight* program.

3. The Guardian fee of \$350.00 for your flight must be submitted at least 7 days prior to the travel date.

SIGNED: _____ DATE: _____ / _____ / _____

When completed, please submit this application to:

By USPS Mail:
Connecticut Honor Flight
c/o Matt Sparks
27 Twin Oak Trail
Beacon Falls, CT 06403

By Email:
HonorFlightCT@gmail.com