



Honor Flight Connecticut

A Hub of the National Honor Flight Network

GUARDIAN APPLICATION

For Connecticut Honor Flight Use Only:

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

Guardians play a significant role on Honor Flights, ensuring that every veteran has a safe and memorable experience. Guardian responsibilities include, but are not limited to, physically assisting the veterans throughout the day. Guardians are responsible for their own expenses, currently \$350.00, which covers the cost of all transportation and meals.

*****DO NOT SEND MONEY WITH THIS APPLICATION*****

The veteran may request a family member 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, at least one generation younger. If a family member/friend is not available, a guardian can be provided. All guardians must submit an application to be considered.

Your information MUST be exactly as it appears on your ID For Airline Travel (License, Passport, Govt ID):

First _____ Middle _____ Last _____

Name to use on Name Tag _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Mobile _____

Email Address _____

Weight (lbs) _____ DOB Month/Day/Year _____ Age _____ Gender: _____

T-Shirt Size (Check One) S M L XL 2XL 3XL

Occupation (if retired, former occupation):

If you are a veteran, please indicate branch of service, rank and when/where you served:



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EMERGENCY CONTACT #1 (SOMEONE AVAILABLE THE DAY OF YOUR FLIGHT):

NAME: _____

PRIMARY PHONE: _____ **OTHER PHONE:** _____

EMERGENCY CONTACT #2 (SOMEONE AVAILABLE THE DAY OF YOUR FLIGHT):

NAME: _____

PRIMARY PHONE: _____ **OTHER PHONE:** _____

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN? YES/NO

IF SO, VETERAN NAME: _____

IF NEEDED, COULD YOU LIFT 100lbs?

PLEASE IDENTIFY ANY LIMITATIONS THAT MAY HINDER YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN:

MEDICATIONS

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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Do you have a history of seizures?

If YES, when was your last seizure (month/day/year): _____

Please describe:

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

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

2. I further understand that *Honor Flight/Honor Flight Connecticut* 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/Honor Flight Connecticut* 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 14 days prior to the travel date and after your application has been approved by *Honor Flight Connecticut*.

SIGNED: _____ DATE: _____

When completed, please submit this **application** and a copy of your **driver's license** to:

By mail:
Honor Flight Connecticut
c/o Amy Casey
26 Copperstone Lane
Madison, CT 06443

By Email:
HFCTCoordinator@gmail.com