

PSHF USE ONLY: Last name _____ Date received: _____

Name of veteran accompanying, if applicable: _____



Guardian Application

Puget Sound 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. Your role includes physically assisting the veteran at the airport, during the flight and at the memorials and may include other trip duties as called upon. Guardians should be aged 18-65, in good health, **cannot** be a spouse or significant other, and must make a donation of \$1,000 no later than six (6) weeks prior to the scheduled trip to cover their travel expenses. For further information, please contact us at 253-303-1130 or visit our website at www.pugetsoundhonorflight.org. Thank you for your support.

Your name: _____ Nickname: _____
(as it appears on your state ID for airline travel) (if applicable)

Address: _____ City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Date of birth (month/day/year): ____ / ____ / ____ Age: ____ Ht/Wt: _____

Gender: Male Female T-shirt size: S M L XL XXL XXXL

Occupation: _____

Are you a veteran? Yes No

If yes, please indicate BRANCH of service, and WHEN and WHERE you served:

How did you learn about Puget Sound Honor Flight? _____

Why are you volunteering for Puget Sound Honor Flight? _____

Please list any prior volunteer experience: _____

Please list one (1) personal reference:

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Please list one (1) emergency contact (not traveling with you):

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Are you requesting to travel with a specific veteran, if possible? Yes No

If yes, please name the veteran (and note that the veteran application must be submitted separately).

MEDICAL / FITNESS INFORMATION

1. Are you able to push a veteran in a wheelchair up a slight incline, walk approximately three (3) miles in a day and stand for 30-45 minutes at a time? Yes No

2. Do you have any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian? Yes No

If yes, please describe: _____

3. List any medications being taken: _____

4. Are you allergic to any food or medication? Yes No

If yes, please describe: _____

5. Please note any medical experience you may have (MD, RN, EMT, Paramedic, Firefighter, CPR, etc.):

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document **Puget Sound Honor Flight (PSHF)** 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 PSHF program. I hereby release the photographer and PSHF from all claims and liability relating to said photographs. I hereby give permission for my images captured during PSHF activities through video, photo, or other media, to be used solely for the purposes of PSHF promotional material and publications, and waive any rights or compensation or ownership thereto.

I also understand that PSHF officials may release my contact information (mailing address, phone and/or email address) to requesting individuals on the flight for the sole purpose of communication and camaraderie with the other trip participants.

I further state that medical insurance is the responsibility of the traveler and I understand that neither PSHF nor the Flight Provider provides medical care. I understand that I accept all risks associated with travel and other PSHF activities and will not hold PSHF, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of PSHF responsible for any injuries incurred by me while participating in the Puget Sound Honor Flight program.

The undersigned acknowledges and agrees that the information on this application is correct. Please print your name and sign below it:

Print name: _____ **Date:** _____

Signature: _____

Please submit this form to:

Puget Sound Honor Flight
Attn: Guardian Application
PO Box 434
Grapeview, WA 98546

Or email to: applications@pugetsoundhonorflight.org