

Cedar Valley HONOR FLIGHT GUARDIAN APPLICATION

Updated 1/26/2016

The Sullivan-Hartogh-Davis, Cedar Valley 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. Duties include, but are not limited to: physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.).

- GUARDIAN REQUIREMENTS:**
- Can be 16 years old and no older than 70 years of age*
 - Must be in very good health
 - Must be willing to pay a \$600.00 fee to serve in this capacity (paid at time of service.)
 - Cannot have served as a guardian for an Honor Flight before
 - Cannot be a spouse of the veteran
 - Must supply copy of drivers license or legal photo document with this application
 - Able to attend mandatory pre-flight meeting prior to day of flight

***If guardian is 16 or 17 years of age, a parent of the underage guardian and the underage guardian must both sign below and date.**

PARENT Signature: _____

GUARDIAN Signature: _____

PARENT and GUARDIAN PRINTED NAME: _____

DATE: ____/____/____

Have you ever served as an Honor Flight Guardian before: ____ Yes ____ No

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

If yes, name the veteran: _____

(If so, please submit your guardian application WITH the veteran application)

PERSONAL INFORMATION: Name: _____

Must be exact as it appears on your ID (for airline travel)

Address: _____

City _____ County _____ State ____ Zip _____

Phone: Mobile: _____ Day: _____ Night: _____

E-Mail Address: _____ Age: _____

Occupation: _____ Are you a Veteran? ____ Yes ____ No

Tee Shirt Size: (S, M, L, XL, XXL, XXXL) _____ Date of Birth (M/D/Y) _____

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

ARE YOU CURRENTLY TRAINED AND LICENSED IN ANY OF THE FOLLOWING (Please Check if "yes"):

MD _____ RN _____ LPN _____ EMT _____ PARAMDEIC _____

PERSONAL REFERENCE:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Cell: _____ Alternate: _____

--PLEASE TURN OVER AND COMPLETE BACK SIDE OF APPLICATION--

EMERGENCY CONTACT DAY OF FLIGHT:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Cell: _____ Alternate: _____

- Can you lift 100 pounds? ___Yes___No, push a wheel chair up an incline? ___Yes___No
- 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.

PLEASE REVIEW CAREFULLY AND SIGN:

(NOTE: Honor Flight refers to Honor Flight Network and Sullivan-Hartogh-Davis, Cedar Valley Honor Flight)

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, my image may appear in a public forum, such as – but not limited to—the media or a website, to acknowledge, promote, or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from any and all claims and liability relating to said photographs. My signature below hereby grants permission for use of my image captured during **Honor Flight** activities through any form of media, to be used solely for the purposes of **Honor Flight** promotional material and publication. I waive any and all right of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the Veteran, Volunteer, or Guardian and I understand that neither **Honor Flight** nor the provider of private aircraft (a.k.a. “Flight Provider”) provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight** Network activities and will not hold **Honor Flight**, the Flight Provider, or any person – volunteering, appearing, or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight** – responsible for any injuries incurred by me while participation in the **Honor Flight** program.

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

PRINTED NAME: _____

Please submit this form ALONG WITH A COPY OF YOUR DRIVERS LICENSE OR LEGAL PHOTO ID

**To: Sullivan Hartogh Davis, Cedar Valley Honor Flight
P. O. Box 182
Cedar Falls, IA 50613**

*The Sullivan Hartogh Davis Honor Flight is an official Hub of the Honor Flight Network
Direct Emails to: whitedog67@q.com or fmagsbhc@hotmail.com*

*Website: www.cedarvalleyhonorflights.org , Email: veterans@cedarvalleyhonorflights.org ,
We can also be located on Facebook: Cedar Valley Honor Flights*