

Montana's Continental Divide Honor Flight

P O Box 865, Deer Lodge, MT 59722

<https://montanashonor.com>

montanahonorflight@yahoo.com

GUARDIAN APPLICATION

Guardians play a significant role on every Montana's Continental Divide Honor Flight, ensuring that every veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians must be between 18 and 70 years of age. Guardians are also responsible for their own expenses (airline fare, etc.). We regret that spouses, significant others may not serve as Guardians.

For further information, please contact us at (406) 490-0062 or (440) 773-7186 or <https://montanashonor.com>

Thank you for your support!

NAME: _____ (As it appears on your ID for airline travel) (If applicable) NICKNAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____

MOBILE: _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ OCCUPATION: _____

ARE YOU A VETERAN? YES NO (circle one)

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

____ 1. How did you learn about the Montana's Continental Divide Honor Flight organization?

____ 2. Why are you volunteering for Montana's Continental Divide Honor Flight?

____ 3. Please list any prior volunteer experience:

____ 4. Please list one (1) personal reference:

Name: _____

Relationship to you: _____

Address: _____

City/State/Zip:

E-Mail Address: _____ Phone

Numbers: Day: _____ Evening: _____

__5. Please list one (1) emergency contact:

Name: _____ Relationship to you: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

__6. Are you requesting to travel with a specific veteran, if possible? Yes No (circle one)

If yes, please name the veteran: (Please note that completed veteran application must be submitted separately) (Note: Spouses, significant others may not serve as Guardians for their wife or husband or significant other.)

__7. Can you lift 100 pounds? Yes No (circle one)

__8. 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.

__9. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

__10. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics),

__ PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that:

1. PUBLICITY As photographic and video equipment are frequently used to memorialize and document Montana's Continental Divide 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 Montana's Continental Divide Honor Flight program. I hereby release the photographer and Montana's Continental Divide Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Montana's Continental Divide Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Montana's Continental Divide Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. I hereby give my permission to Montana's Continental Divide Honor Flight to release my name and telephone to news media. I understand I am under no obligation to consent to interviews with news media.

2. **INSURANCE** I further state that medical insurance is the responsibility of the individual passenger and I understand that Montana's Continental Divide Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Montana's Continental Divide Honor Flight activities and will not hold Montana's Continental Divide Honor Flight responsible for any injuries incurred by me while participating in the Montana's Continental Divide Honor Flight program.
3. **PAYMENT** I further agree that I will furnish payment in full to Montana's Continental Divide Honor Flight by no later than twenty (20) days prior to the departure of the flight to which I am assigned. I understand that failure to furnish payment by that deadline will result in my being removed from the flight.
4. **SIGNED***: _____
DATE: ____/____/____ (E-mail applicants will be required to sign prior to actual trip date)
Please submit this form to:

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