

GUARDIAN APPLICATION

Thank you for your interest in becoming a Guardian for Honor Flight of Central Florida.

Please complete the fields below. Fields in **RED** are required fields.

If you have any trouble with the application, please email us at Honor.Flight.Central.Florida@gmail.com

Please Note: Guardians, including family members, are required to pay a refundable **\$500** fee to cover their cost for participating in the trip. This includes all meals & transportation. Payment must be made no later than the orientation, 7 days before the flight. Guardians unable to cover their costs may be replaced by an Honor Flight appointed guardian. You may make your payment via mail, online, or in person at many of our events.

- You may mail your check payable to "Honor Flight Central Florida" to Honor Flight Central Florida, 5036 Dr Phillips Blvd, #191, Orlando, FL 32819. Please write "Guardian" in the comment line of the check.
- You may make your online payment via our website at <https://honorflightcentralflorida.org/support/donate.html>. If you have any issues or concerns regarding the payment, please contact us at 407-203-7010.

I have read and understand that there is a guardian fee of \$500 ____ (initials)

Guardian Capabilities and Fitness

Flight day is a very long day, with a lot of walking, getting on and off buses at each memorial and can be extremely challenging for those with limited physical abilities. Because of this we assign every Veteran a Guardian to assist them. To ensure the safety and comfort of our Veterans, we have set in place some guidelines for those wishing to serve as Guardians:

- Guardians must be between the ages of 18 and 65 years of age.
- Family members, except spouses, are permitted to act as Guardian.
- Guardians must be able to push the Veteran in a wheelchair for long distances, up and down inclines, and over rough terrain.
- Guardians must be able to assist the Veteran in or out of the wheelchair, aircraft seat, bus seat, and up and down stairs as needed.
- Guardians must be able to assist with loading and unloading wheelchairs as needed.
- Guardians must attend the Orientation with their assigned Veteran. Guardians from out of town may be able to make special arrangements in advance if this is a hardship.

Our priority is the Veteran's safety, comfort, and overall experience. Special considerations or exceptions may be made on a case-by-case basis as determined by the Honor Flight Central Florida Board of Directors.

I certify that I have read and can perform the duties of a guardian _____(initials)

For general information visit www.honorflightcentralflorida.org or call 407-203-7010.

Please fill this form out in its entirety and sign where requested

For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID that will be used for the airport TSA checkpoint.

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME
BIRTH DATE		GENDER (please circle) MALE FEMALE	
STREET ADDRESS			
CITY		STATE	ZIP CODE
DAY PHONE	EVENING PHONE		CELL PHONE

E-MAIL

OCCUPATION

ARE YOU REQUESTING TO FLY WITH A SPECIFIC VETERAN? YES NO
IF YES, PLEASE COMPLETE:

VETERAN FIRST NAME	VETERAN MIDDLE NAME	VETERAN LAST NAME
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Why are you volunteering for Honor Flight?

Do you have previous experience with Honor Flight? YES NO
If YES, please describe your experience:

If you only reside in FL part of the year **please list the months you are *IN* Florida**

- N/A - I live in FL year round
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Can you push a veteran in a wheelchair up a slight incline? YES NO
Can you lift 100 pounds? YES NO

If you are affiliated with an organization that is travelling together please list it here:

MEDICAL INFORMATION

INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

What is your weight in pounds?	What is your height in inches?
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Please list any medications that you take:

Do you have any **drug allergies**? YES NO
 IF YES, PLEASE LIST/DESCRIBE:

Do you have any **food allergies**? YES NO
 IF YES, PLEASE LIST/DESCRIBE:

Do you require a special meal/diet? YES NO
 IF YES, PLEASE LIST/DESCRIBE:

PLEASE LIST ANY SURGERIES:

Do you have a prosthetic limb or metal implant? YES NO
 If YES, please describe:

Primary Care Physician's name and phone number:

Do you have Medical Insurance? YES NO
Company:
Policy Number:

Do you have Supplemental Medical Insurance? YES NO
Company:
Policy Number:

Please List (1) Emergency Contact			
NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
DAY PHONE	EVENING PHONE		CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT		

Please List (1) Alternate Contact
NAME

STREET ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT	

Guardians are selected by Flight Leadership based on qualifying criteria. Generally, there is one guardian for every Veteran, depending on the needs of the individual Veterans on that particular flight. At the time of the flight, guardians must be at least 18, and physically able to lift 100 pounds, as many times they may be assisting Veterans in to or out of wheelchairs, up and down stairs, and push a wheelchair on an incline and at a distance of about a mile. Family members (with the exception of spouses) of Veterans are eligible to apply, however we cannot guarantee they will travel as a Guardian to their Veteran relative. We will endeavor to fulfill all request to accompany a specific Veteran. Donations for all Guardians are \$500 for the first trip and \$400 thereafter. Donations are payable no later than 7 days prior to flight. Guardians may be by check or through our website. Guardians with a balance due will be removed from the flight roster prior to the flight.

ALL HONOR FLIGHT GUARDIANS ARE REQUIRED TO ATTEND OUR PRE-FLIGHT ORIENTATION GENERALLY HELD 1-2 WEEKS BEFORE A FLIGHT MISSION. FURTHER INFORMATION ABOUT PRE-FLIGHT ORIENTATION DATES ARE FURNISHED ONCE YOU ARE CONFIRMED FOR A SPECIFIC HONOR FLIGHT MISSION.

If you have a VETERAN you wish to travel with please list their information here

VETERAN NAME		
VETERAN STREET ADDRESS		
VETERAN CITY	VETERAN STATE	VETERAN ZIP CODE
VETERAN DAY PHONE	VETERAN EVENING PHONE	VETERAN CELL PHONE
VETERAN E-MAIL		VETERAN RELATIONSHIP TO APPLICANT

PLEASE REVIEW CAREFULLY AND SIGN:

The applicant understands, acknowledges and agrees:

- That as a condition to being a Volunteer and/or Guardian on an Honor Flight mission, I will be doing so at my own risk. Honor Flight Central Florida as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and/or cancellation insurance is the responsibility of the applicant, volunteer and/or guardian.
- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight Central Florida Inc. and the Honor Flight Network.
- The Guardian Donation of \$500 is refundable. Please make checks payable to "Honor Flight Central Florida" and write "Guardian" in comment line of the check.
- I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE: _____ **DATE:** ____/____/____

***(E-mail applicants will be required to sign prior to actual trip date)**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ____/____/____

***Applicants under 18 require an exception/waiver from the governing board of Honor Flight Central Florida. For exception to be considered, parent and/or legal guardian must also sign and date this form.**

Submit completed and signed applications to: hfcfl.dir.guardians@gmail.com via email
or mail to

Honor Flight Central Florida
Box #191
5036 Dr Phillips Blvd
Orlando, FL 32819

***Please note that "BOX #191" must be on a separate line above the street address and is NOT a P.O. Box.**