

GUARDIAN APPLICATION

The mission of **Honor Flight Central Florida** 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 most notably 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.) which are covered by your generous tax-deductible donation to Honor Flight Central Florida. Questions from Guardian applicants should be directed to us **by e-mail at honor.flight.central.florida@gmail.com**

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

This application must be accompanied by a legible copy of the applicant's driver's license or government issued photo ID used for airline travel

For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID.

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

FIRST NAME		MIDDLE NAME	LAST NAME
STREE ADDRESS			
CITY		STATE	ZIP CODE
DAY PHONE	EVENING PHONE		CELL PHONE
E-MAIL	AGE	DOB	
OCCUPATION			
Please check if you are a Veteran <input type="checkbox"/>		If you are a veteran please indicate Branch of service and When and Where you served	
Check if you can lift 100 pounds <input type="checkbox"/>		Check if you can push a Veteran in a wheelchair up a slight incline <input type="checkbox"/>	
Are you a seasonal Resident of Florida? <input type="checkbox"/> no <input type="checkbox"/> Yes from _____(month) to _____(month)			
How did you learn about the Honor Flight organization?			
Why are you volunteering for Honor Flight?			
Please list any prior volunteer experience with Honor Flight			
If you are requesting to travel with a specific Veteran <u>please name the Veteran</u> :			

(Please note that the Veteran application must be submitted separately, with a note on each application cross-referencing to the other application. Spouses are not eligible to be a Guardian for the Veteran.)

BELOW FOR HONOR FLIGHT ADMINISTRATIVE USE ONLY:

☐ ID CHECKED?

DATE RECEIVED: ____/____/____ DATE OF FLIGHT: ____/____/____ DATE OF DONATION ____/____/____

T-Shirt Size: S M L XL XXL XXXL

(circle one)(limit one per person)

Please identify any physical disabilities, restrictions and/or medical conditions that may limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often and any allergies.

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

Please List (1) Alternate Contact

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

Please List (1) Emergency 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 10 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			
NAME		STREET ADDRESS	
CITY		STATE	ZIP CODE
DAY PHONE	EVENING PHONE		CELL PHONE
E-MAIL	RELATIONSHIP TO VETERAN		

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 non-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.*