## **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 <u>www.honorflightcentralflorida.org</u> 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 N	AME		PREFERRED NAME	
BIRTH DATE				GENDER (plea	se circle)		
					MALE	FEMALE	
STREET ADDRESS							
CITY			STATE		ZIP COD	E	
DAY PHONE		EVENIN	G PHONE	Ī	CELL PHO	NE	
E-MAIL							
OCCUPATION							
ARE YOU REQUESTING TO FLY WITH A SPECIFIC VETERAN?  YES NO IF YES, PLEASE COMPLETE:							
VETERAN FIRST NAME	VE	VETERAN MIDDLE NAME  VETERAN LAST NAME					
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					
<ul> <li>N/A - I live in FL year round</li> <li>January</li> <li>February</li> <li>March</li> <li>April</li> <li>May</li> <li>June</li> <li>July</li> <li>August</li> <li>September</li> <li>October</li> <li>November</li> <li>December</li> </ul> Can you push a veteran in a wheelchair up a slight incline?					
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 <b>weight</b> in pounds?  What is your <b>height</b> in inches?					
Please list any medications that you take:					
Do you have any <b>drug allergies</b> ? ☐ YES ☐ NO IF YES, PLEASE LIST/DESCRIBE:					
Do you have any <b>food allergies</b> ?					
Do you require a special meal/diet?					
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 pho	one number:				
Do you have Medical Insurance?   Y	′ES □ NO				
Company: Policy Number:					
Do you have Supplemental Medical Ins	surance?	10			
Commonwe					
Company: Policy Number:					
NAME	Please List (1) Emerger	ncy Contact			
STREET ADDRESS					
CITY	STATE	ZIP CODE			
DAY PHONE	EVENING PHONE	CELL PHONE			
E-MAIL	RELATIONSHIP TO APPLICANT				
	Please List (1) Alterna	te Contact			
NAME					
STREET ADDRESS					
OTTLET ADDITION					
CITY	STATE	ZIP CODE			
DAY PHONE	EVENING PHONE	CELL PHONE			
DATITIONE	EVENINGTHONE	OLLETTIONE			
E-MAIL	RELATIONSHIP TO APPLICANT				
Guardians are selected by Flight Leade	rship based on qualifying cr	riteria. Generally, there is one guardian fo	or every		
Veteran, depending on the needs of the	individual Veterans on that	t particular flight. At the time of the flight,	guardians		
		/ times they may be assisting Veterans in and at a distance of about a mile. Family r			
the exception of spouses) of Veterans a their Veteran relative. We will endeavor	are eligible to apply, howeve	er we cannot guarantee they will travel as	a Guardian to		
	•				
Guardians including family members an later than the orientation, or 7 days before the content of the content o		ble donation fee of \$500. Payment must b	oe made no		
		OUR PRE-FLIGHT ORIENTATION GEN			
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	
VETERAIN OFF		VETERANOTATE		VETERAR ZII CODE	
VETERAN DAY PHONE	VETERAN EVENING PHO	NE	VE	FERAN CELL PHONE	
VETERAN E-MAIL			VFT	ERAN RELATIONSHIP TO APPLICANT	
VETERO IIV E IIII IIE				ELVATILED THORISM TO TATE ELOTATE	
PLEASE REVIEW CAREFULLY AND SIG	<u>GN</u> :				

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 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.
- All Guardians, including Guardian family members, are required to pay a \$500 fee. This fee partially covers the
  cost associated with the trip for the Guardian including meals and transportation to, from, and on the ground in
  Washington D.C. Payment must be made no later than the scheduled Flight 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 on our website, or in person at Orientation. We are unable to accept credit cards via
  phone. If for any reason you do not fly, this fee is refundable.

I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE:	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 <u>completed</u> and <u>signed</u> applications to: <u>hfcfl.dir.guardians@gmail.com</u> 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.