

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.).

For more information contact honor.flight.central.florida@gmail.com or call 407-203-7010.

Fill out the front and back of this form and sign the second page

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

STREE ADDRESS		
CITY	STATE	ZIP CODE

Please Check if you are a Permanent Resident of Florida

IF A SEASONAL RESIDENT, WHEN DO YOU RESIDE IN FL?	FROM	TO
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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
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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"/>
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How did you learn about the Honor Flight organization?

Why are you volunteering for Honor Flight?

Please list any prior volunteer experience

If you are requesting to travel with a specific Veteran please name the Veteran:

(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.)

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) Personal Reference

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 no more than 65 years of age and be able to easily lift 100 pounds, as many times they may be assisting Veterans in to or out of wheelchairs, up and down stairs, etc. First priority shall be given to medically trained volunteers, active duty military personnel and guardians who have previously flown and serve as leadership members. Family members (with the exception of spouses) of Veterans are eligible to apply, however we cannot guarantee they will travel with their Veteran relative. Guardians are donors and have reached the \$500 donation level.

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 and our fiscal agent Southeast Florida Honor Flight, Inc., as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, loses, 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 Inc and Southeast Florida Honor Flight Inc.
- The Guardian fee of approximately \$500 is non refundable. Please make checks payable to "Southeast Florida Honor Flight" and put "Honor Flight Central Florida" in on the 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, will require an exception/waiver from the governing board of Honor Flight Central Florida. If exception granted parent and/or legal guardian must also sign and date.**

Submit completed applications to:

Honor Flight Central Florida, Inc.
Box #321
1170 Tree Swallow Drive
Winter Springs, FL 32708

Please note that #321 must be on a separate line and not included in the street address.