## **Guardian Application**

Honor Flight Tri-State would not be successful without the support and help from our Guardians. Guardians play a significant role on our flights, ensuring that every veteran has a safe and memorable experience. Duties include, physically assisting the veterans at the airport during air and ground activities, and at the memorials. Guardians must be between the ages of 18-70. Spouses/girlfriends/boyfriends are not eligible to be Guardians. All guardians must attend a guardian briefing the week before the flight. Honor Flight Tri-State will provide air travel, ground transportation and meals on the day of our trip. The guardian is responsible to pay a fee of \$600 to cover your expenses. Send no money now; payment will be due once your flight is confirmed.

Last Name (Must be as it appears on your phone ID	First Name //driver's license for airline travel t	Middle name/initial for prescreening by TSA)
Nickname	Age:	D.O.B
Address		Apt/Unit #
City:	State:	Zip:
Best way to reach you: Home:		Cell:
Email address:	Occupation:	
M or F Height	Weight	T-shirt size
Are you a veteran? Y N _	Branch	
Why do you want to be a guardia	an?	
Are you requesting to travel with	a specific Veteran? Yes	No
If Yes, Veteran's Name:		Phone
Relationship to the Veteran:		
***Please note that Vet	eran Applications must b	e submitted at the same time. ***
Your emergency contact inforthe flight:	mation the day of the fligl	ht – someone who is NOT traveling or
Name:	Relationship	D:
Best phone to reach them:		
	See Side 2	

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## <u>Circle Y or N or all that apply.</u> All information disclosed is kept private by scheduling team and medics.

Do you have any physical disabilities, restrictions and/or medical conditions that may limit your ability to fulfill the duties and responsibilities of a Guardian? Y N If yes, please explain.

Can you push 165 lbs. in a wheelchair, up hills or long distances? Y N

Can you lift 50 pounds? Y N Do you have back issues? Y N Are you diabetic? Y N

Are you on a blood thinner? Y N Do you have heart stents? Y N

Do you have high blood pressure? Y N Are you taking any pain medications? Y N

## **Disclaimer**

The undersigned acknowledges and agrees that:

- 1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Tri-State trips and events, my image may appear in a public forum, such as the news media or a website to acknowledge or promote the work of the Honor Flight Tri-State Program. I hereby release the photographer and Honor Flight Tri-State from all claims and liability relating to said photographs. I hereby give my permission for my image captured during the Honor Flight Tri-State Activities through video, photos or other media, to be used solely for the purposes of Honor Flight Tri-State promotional materials and publications, and waive any rights, compensation or ownership thereto.
- 2. I further understand that medical and trip insurance is the responsibility of the Guardian. I also understand and agree that *Honor Flight Tri-State* does not provide medical care. I understand that I accept all risks associated with air and ground travel and other *Honor Flight Tri-State* Activities and will not hold *Honor Flight Tri-State* responsible for any injuries incurred by me while participating in the *Honor Flight Tri-State* Program.

SIGNED:		Date:	
Please submit this form to:	Dee Daniels Honor Flight Tri-State		

9718 Ross Avenue Cincinnati. OH 45242 deed1@cinci.rr.com

The Guardian Fee is due no later than 2 weeks prior to your scheduled flight. You will receive a FINAL packet of information with details about payment and the trip *approximately* 30 days prior to the trip.

Please visit our website at <a href="www.honorflighttristate.org">www.honorflighttristate.org</a> for further information about the Honor Flight program. You may also apply on line at the above website. If you have questions or comments, please call the hotline at 513-277-9626.

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