

For Honor Flight Tallahassee Use Only: Last Name _____ Date Received _____
Form # 1 Tracking Number _____



GUARDIAN APPLICATION

Honor Flight Tallahassee, Inc. would not be successful without the generous support and help from our Guardians. Guardians play an important and significant role on our flights, ensuring that every veteran has a safe and memorable experience. Duties include, but are not limited to physically assisting the veterans at the airport, during the air and ground transportation activities, and at the memorials. Guardians are responsible to pay their own expenses (airfare, etc., price to be determined for each flight). Full payment must be received no later than two weeks prior to the scheduled flight departure date. Training of Guardians will be provided and is **mandatory** in order to volunteer for this position. If you have questions or comments, please call us at 888-881-1566 or email us at info@honorflighttallahassee.org.

First Name: _____ Middle Name: _____ Last Name: _____
(As it appears on your current government issued ID for airline travel)

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Phone: Day: _____ Evening: _____ Cell: _____ Age: _____

Date of Birth _____ Occupation: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

Are you a veteran? Yes No If yes, branch, dates, and where you served _____

How did you hear about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience or special skills you have: _____

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Please list any medical experience you may have (e.g. CPR, EMT, Paramedic): _____

Please list one (1) personal reference:

Name: _____ **Relationship to applicant:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Phone: Day:** _____ **Evening:** _____

Please list one (1) emergency contact:

Name: _____ **Relationship to applicant:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Phone: Day:** _____ **Evening:** _____

Are you requesting to travel with a specific veteran, if possible? Yes No

If yes, name of veteran: _____ **Your relationship to veteran:** _____

(Please note that Veteran Applications must be submitted separately) (Spouses are not eligible to be guardians)

Can you lift 100 pounds? Yes No

Please identify any physical disabilities, restrictions, or medical conditions that would limit your

ability to fulfill the duties of guardian: _____

Medications (name and how often you take it):

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Do you have any drug allergies? Yes No If yes, please list: _____

Do you have a history of seizures? Yes No Please describe what type (i.e. Grand mal, petit mal, other): _____ **When was your last seizure?** _____ If within past 5 years, it is strongly advised that you discuss this trip with your private physician!

Do you have problems with motion sickness (sea or air)? Yes No If yes, is it controlled with medication? Yes No If motion sickness is not controlled with medications, it is strongly advised that you discuss this trip with your private physician!

Do you have any breathing problems? Yes No If yes, please describe _____
_____ **Do you use a nebulizer? Yes No** If yes, we strongly encourage you to discuss this trip with your private physician!

Do you use oxygen at any time? Yes No If yes, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with this application.

Can you walk the length of a football field without assistance? Yes No If no, please describe the reason e.g. lung problems, arthritis, heart problems, knee or hip problems, etc.):

Do you have a history of open head injury, sinus problems, or ear problems? Yes No If yes, have you flown since the open head injury, sinus, or ear problem occurred? Yes No If yes, did you have any problems? Yes No If yes, it is strongly advised that you discuss this trip with your private physician. If you have never flown since the open heard injury, sinus, or ear problem, again we strongly advise you to discuss this trip with your private physician!

Do you have a urostomy or colostomy bag? Yes No If yes, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is strongly advised that you discuss this issue with your private physician!

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Do you have diabetes? Yes No If yes, do you take insulin injections? Yes No If yes, we strongly encourage you to discuss this trip with your private physician concerning the use of insulin on the trip.

Do you have any special dietary needs? Yes No If yes, what? _____

Are you allergic to any foods? Yes No If yes, what? _____

Please review carefully, sign and date:

- 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 Tallahassee, 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, 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 Tallahassee, Inc.
- The Guardian fee is non refundable.
- I further understand that medical and trip insurance is the responsibility of the guardian. I also understand and agree that Honor Flight does not provide medical care.
- I will be able to perform my duties as a guardian and have no medical conditions that will prohibit my participation.
- 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)**

Guardians are selected by Flight Leadership based on qualifying criteria. Generally there is one guardian for every one to two Veterans, depending on the needs of the individual Veterans on that particular flight. Guardians must be 18 years or older. At the time of the flight, guardians must be 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 responsible to pay for their trip and must attend a mandatory training session. Travel expenses are non-refundable.

**Please submit this form to: Honor Flight Tallahassee
P.O. Box 12033
Tallahassee, FL 32317**