



Guardian Application

Central Valley Honor Flight 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 include physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are responsible for a \$1,000 donation toward their trip.

Personal Information

FULL NAME: First Middle (if any) Last (As it appears on your driver's license or government ID.)

NICKNAME: (If applicable.)

ADDRESS: CITY:

STATE: ZIP CODE: PHONE: (Day) PHONE: (Night)

MOBILE: EMAIL:

ALL GUARDIAN COMMUNICATION WILL BE VIA EMAIL

AGE: D.O.B.: / / GENDER: (Circle One) Male / Female OCCUPATION:

ARE YOU A VETERAN?: (Circle One) Yes / No If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

About You

1. How did you learn about the Honor Flight organization?

2. Why are you volunteering for Honor Flight?

3. Please list any prior volunteer experience:

Personal Reference

NAME: (As it appears on their driver's license or government ID.)

ADDRESS:

STATE: ZIP CODE: PHONE: (Day) PHONE: (Night)

MOBILE: EMAIL:

Emergency Contact

NAME: (As it appears on their driver's license or government ID.)

ADDRESS:

STATE: ZIP CODE: PHONE: (Day) PHONE: (Night)

MOBILE: EMAIL:

Travel Questions

PLEASE IDENTIFY THE CITY(IES) FROM WHICH YOU WOULD BE ABLE TO FLY AS A GUARDIAN.

For a list of active cities, visit "Regional Programs" on our website at www.honorflight.org/programsUH

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE? (Circle One) Yes / No

IF YES, PLEASE NAME THE VETERAN: (Please note that completed veteran application must be submitted separately)

ARE YOU ABLE TO PUSH A VETERAN IN A WHEELCHAIR UP A SLIGHT INCLINE? (Circle One) Yes / No

CAN YOU LIFT 100 POUNDS? (Circle One) Yes / No

Miscellaneous Questions

PLEASE IDENTIFY ANY PHYSICAL DISABILITIES, RESTRICTIONS AND/OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN.
ALSO, PLEASE LIST ANY MEDICATIONS BEING TAKEN AND HOW OFTEN:

T-SHIRT SIZE: (Circle One) S / M / L / XL / XXL / XXXL

PLEASE NOTE ANY MEDICAL EXPERIENCE YOU MAY HAVE: (e.g., EMT, CPR, Paramedics)

Please Review Carefully and Sign

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the guardian and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: DATE:

(E-mail applicants will be required to sign prior to actual trip date) * If under 18, a parent/guardian must also sign and date below.

SIGNATURE: DATE:

Parent/Guardian

PLEASE SUBMIT THIS FORM TO: **Scott & Linda Phillips**
Attn: Guardian Application
1944 North Greenfield Ave.
Clovis, CA 93619-7420