

**FOR HONOR FLIGHT USE ONLY: Last Name** \_\_\_\_\_ **Date Received:** \_\_\_/\_\_\_/\_\_\_

**WE ARE NOT TAKING APPLICATIONS FOR GUARDIANS WITH NO VETERAN AT THIS TIME**

## Guardian Application

## Honor Flight Northeast Indiana

Honor Flight Northeast Indiana, Inc., a hub affiliated with the Honor Flight Network, (“**Honor Flight**”) would not be successful without the generous support of our guardians. Thank you for your support! Guardians play a significant role on every trip, 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 flight and at the memorials. Guardians are responsible for their own expenses (flight cost, souvenirs, etc.). For further information please contact us at (260) 633-0049 or at honorflightnei@gmail.com. You can also visit us at www.hfnei.org. All information provided on this application is private and is for **Honor Flight** purposes only.

YOUR FULL NAME: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
First FULL middle name Last (if applicable)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Must be at least 18 years old) Gender: Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ (For Honor Flight use only)

Tee Shirt Size: S M L XL 2XL 3XL, Other \_\_\_\_\_ Can you lift 100 pounds? Yes No

Do you require a can or other walking device?: Yes No Occupation: \_\_\_\_\_

Please Note Any Special Medical Training (CPR, EMT, Nurse, Doctor, etc.) \_\_\_\_\_

Are you a veteran? Yes No If Yes, please indicate branch of service, when, and where you served: \_\_\_\_\_

How did you hear about Honor Flight? \_\_\_\_\_

**Name of Veteran you are to be a Guardian For?** \_\_\_\_\_

**Your relation to that Veteran:** \_\_\_\_\_

(Veteran **MUST** have a veteran application filled out separate from this form)

Please list previous volunteer experience: \_\_\_\_\_

Please list one personal reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information: (someone available to contact the day you travel)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please make sure both pages 1 and 2 of this application are completed.**

Revised 01/13/17

Your Name \_\_\_\_\_

Please identify any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a guardian: \_\_\_\_\_  
\_\_\_\_\_

Do you have a Pacemaker? YES NO Are you Diabetic? YES NO (If Yes: ORAL or INSULIN or NO MEDS)

**Medications** (medication name and frequency) (please attach a list if you need more space)

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

Do you have drug allergies? \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN**

**I, the undersigned, acknowledge, and agree, that:**

As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 image, 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 to compensation or ownership thereto.

GUARDIANS WILL BE REQUIRED TO PAY A \$400 DONATION ONCE SELECTED AND ASSIGNED TO A FLIGHT. THIS COVERS A PORTION OF YOUR PARTICIPATION IN THE FLIGHT.

***I am solely responsible for my medical insurance and I understand that Honor Flight does NOT provide medical care. I represent that I understand the duties as a guardian, am physically capable of performing them and will promptly notify Honor Flight of any limitations that may affect my ability to perform those duties. I understand and accept all risks associated with travel and all other Honor Flight activities. I further agree, without limitation, on behalf of myself and any successors or assigns, to hold Honor Flight wholly harmless for any injuries or any losses incurred by me while participating in the Honor Flight program.***

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Applicant must sign this application prior to actual flight date)

Please submit this completed form to:  
Honor Flight Northeast Indiana  
ATTN: Guardian Application  
P.O. Box 5  
Huntertown, IN 46748

**Please make sure both pages 1 and 2 of this application are completed & SIGNED.**