



Guardian Application

This form is designed to allow you to type your responses directly onto the application. When complete, save the form under your desired file name and attach it to an e-mail sent to the address on page 2. Or you may print this application, handwrite your responses and send it to HFSD per the instructions on page 2.

Honor Flight San Diego (HFSD) 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, but are not limited to: physically assisting the veterans at the airport, during the flight, at the hotel and at the memorials. Guardians contribute toward their own travel expenses. For further information, please contact Jeff at (800) 655-6997, email: info@honorflightsandiego.org or visit us at www.honorflightsandiego.org. *Thank You for your support!*

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____ SUFFIX: _____

NICK NAME: _____ (If any, as it appears on your driver's license or government picture ID)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/Day: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: __/__/____ GENDER: ___M___F

OCCUPATION: _____ - ARE YOU A VETERAN? ___YES___NO

If a veteran, please indicate BRANCH of service, WHEN and WHERE you served:

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:

4. Please list (1) personal reference:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

5. Please list one (1) Emergency contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

PLEASE COMPLETE SECOND PAGE

6. Are you requesting to travel with a specific veteran, if possible? _____ YES _____ NO

If Yes, please name the veteran. (Please note that the veteran must submit a separate Veteran Application)

7. Are you able to push a veteran in a wheelchair up a slight incline? _____ YES _____ NO

8. Can you lift 100 pounds? _____ YES _____ NO

9. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian (see Honor Flight San Diego website for FAQ list of Guardian duties and responsibilities). Include any medications being taken and frequency:

10. T-shirt size: (S, M, L, XL, XXL, XXXL): _____

11. Please note any medical experience you may have (e.g., CPR, EMT, Paramedic, RN):

PLEASE REVIEW CAREFULLY:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight San Diego (HFSD) and the Honor Flight Network (HFN)** 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 **HFSD and the HFN** program. I hereby release the photographer and **HFSD and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFSD and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSD and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that **HFSD and the HFN** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **HFSD and the HFN** activities and will not hold **HFSD and the HFN** responsible for any injuries incurred by me while participating in the **HFSD and the HFN** program.

An electronic submittal of this PDF application will not accommodate a physical hand-written signature. Therefore, by checking this box, you are providing a digital signature and agree that it is the legally binding equivalent to your handwritten signature with the same validity and meaning as your handwritten signature.

I acknowledge that all information provided is true and correct.

You may submit your completed application via any method listed below:

- | | |
|--|---|
| 1. Print the form and mail it to: | Honor Flight San Diego
ATTN: Guardian Applications
9423 Keck Court
San Diego, CA 92129 |
| 2. Scan the form and e-mail to: | info@honorflightsandiego.org |
| 3. Save to a file name and attach it to an e-mail sent to: | info@honorflightsandiego.org |
| 4. Print the application and fax it to: | 800 652-1375 |