

DATE: _____



GUARDIAN APPLICATION - Honor Flight San Diego

PLEASE NOTE: THE GUARDIAN POSITION IS A WORKING POSITION FOR THE ENTIRE WEEKEND DURING A FLIGHT.

The spouse/significant other of a traveling Veteran is not eligible to serve as the Veteran's guardian.

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; pushing the Veteran in a wheelchair for the entire weekend if necessary; loading wheelchairs on and off the buses at each stop; assisting with the Veteran's luggage; assisting Veterans up and down bus stairs at each stop; always maintaining Veteran safety; etc. Guardians must be physically able to perform these duties with Veteran safety as the Guardian's most important priority.

Guardians contribute toward their own travel expenses. See website for current Guardian fee.

PLEASE WRITE LEGIBLY:

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

(as it appears on your REAL ID driver's license or other TSA-acceptable identification) (Jr., Sr., II, III, etc.)

See the TSA website for acceptable forms of ID required for air travel beginning October 1, 2021: <https://www.tsa.gov/travel/security-screening/identification>. You MUST have TSA-acceptable ID to fly.

NICK NAME (if any) (This is how your name will appear on your nametag.): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: ____ - ____ - ____ Evening: ____ - ____ - ____ Mobile: ____ - ____ - ____

E-MAIL ADDRESS: _____

DOB (mm/dd/yyyy): ____ / ____ / ____ AGE: ____ GENDER: M F

T-SHIRT SIZE: S ____ M ____ L ____ XL ____ XXL ____ XXXL ____

OCCUPATION: _____

ARE YOU A VETERAN? YES NO If yes, please indicate BRANCH, WHEN, WHERE, and YEARS OF SERVICE: _____

How did you learn about the **Honor Flight** organization?

Please list any prior volunteer experience:

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Phone/Day: ____ - ____ - ____ Evening: ____ - ____ - ____ Relationship to applicant: _____

PLEASE COMPLETE SECOND PAGE

Page 2: **GUARDIAN NAME:** _____

Are you requesting to travel with a specific Veteran, if possible? YES NO

If YES, please enter Veteran's name. (NOTE: Veteran must submit a separate VETERAN APPLICATION)

Relationship: _____

Are you able to push a Veteran in a wheelchair up a slight incline? YES NO

Can you lift 100 pounds? YES NO

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):

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

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, or 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.

Print Name _____

Signature _____ Date _____

Please submit your completed application via any of the following methods:

1.	Print the form and mail to:	Honor Flight San Diego 9423 Keck Court San Diego, CA 92129
2.	Scan the form and email to:	info@honorflightsandiego.org
3.	Save the form (Save As) and attach and send email to:	info@honorflightsandiego.org
4.	Print the form and fax to:	800-652-1375

For further information, please email: info@honorflightsandiego.org or visit www.honorflightsandiego.org

Applications are available on our website.