

Please indicate 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:

****PLEASE NOTE THIS DISCLOSURE DOES NOT ELIMINATE YOUR CHANCES OF GUARDIANSHIP, IT IS FOR US TO PREPARE FOR THE SAFETY OF ALL OUR VETERANS AND GUARDIANS FOR YOUR SELECTED TRIP****
FAILURE TO DISCLOSE MAY RESULT IN YOUR APPLICATION BEING DENIED AND NO REFUND ISSUED

I understand that before I am confirmed as a Guardian, I must pay at least 25% of any donation to Honor Flight of the Appalachian Highlands with the remaining donation due 30 days prior to the scheduled trip. I also understand that I must complete the Honor Flight of the Appalachian Highlands Guardian Trainings prior to the selected trip – dates and locations will be announced at the time of selection. Failure to comply with either the fees or live training will result in my application being terminated and no refund being issued. Failure to completely fill out the entirety of this application may result in my application being returned to me or not considered for trips. I also understand that I must bring a current form of government issued photo ID, that must not be expired, and will be REAL ID compliant.

Signature: _____ Date: _____

Print Name: _____

A background check will be completed with the State of Tennessee and the Washington County Sheriff's Department.

Please list 3 personal references:

Name: _____ Relationship: _____

Email: _____ Phone number: _____

Name: _____ Relationship: _____

Email: _____ Phone number: _____

Name: _____ Relationship: _____

Email: _____ Phone number: _____

Please review carefully and sign.

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Honor Flight of the Appalachian Highlands 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 of the Appalachian Highlands program. I hereby release any photographer/videographer and Honor Flight of the Appalachian Highlands from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during Honor Flight of the Appalachian Highlands activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of the Appalachian Highlands material and publications and waive any rights or compensation or ownership thereto.
2. I understand that I may be featured on news reports or in photographs or video taken by media or new outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight of the Appalachian Highlands will NOT provide my name, address, telephone number, or any other personal information to any new or media outlet personnel.
3. I understand that all information regarding Veterans, Guardians and Volunteers entrusted to me by Honor Flight of the Appalachian Highlands personnel is considered confidential and will be safeguarded and not shared with any other person or entity for any purpose other than the intended us by Honor Flight of the Appalachian Highlands.

Signature: _____ Date: _____

Print Name: _____

Please mail applications to:

Honor Flight of the Appalachian Highlands
1509 Howwen Drive
Johnson City, TN 37604

**Please mail any donation to:
You can also use the donate
button on the website:**

Eastman Credit Union
Attention: Honor Flight of the Appalachian Highlands
P.O. Box 1989
Kingsport, Tennessee 37662

You can also scan and email to: gotoDC@honorflightah.org