



WWW.HONORFLIGHTAH.ORG



# GUARDIAN APPLICATION

**Notice: Guardians must be at least 18 years of age at the time of the trip. The guardian will have to be physically able to handle walking and pushing the wheelchair for the Veteran.**

Honor Flight of the Appalachian Highlands, Inc. (“Honor Flight”) would not be successful without the dedicated help provided by those serving as 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 on the charter bus, during the trip and at the memorials. A guardian must make a donation to Honor Flight of the Appalachian Highlands prior to the trip, to cover their expenses – amount depends on the time of year. To ensure the safety of our Veterans, Guardians will be required to go through a live training session and background check. For further information please visit our website at [www.honorflightah.org](http://www.honorflightah.org).

**There are NO costs for the Veteran to attend this trip, but there is a donation request for the guardian.**

**Thank you for your support!**

Name: \_\_\_\_\_  
First Middle Last Preferred Name to be Called

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_ Your shirt size: \_\_\_\_\_  
(month/day/year)

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

Emergency Contact Information: \_\_\_\_\_  
Name

Relationship Email Phone number

Is there a specific Veteran you would like to travel with you? What is their name and relationship to you? \_\_\_\_\_

**\*\*If a Veteran is requested specifically, their application MUST be filled out at the same time\*\***

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:

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Are you able to push a wheelchair with a Veteran? YES NO

**\*\*PLEASE NOTE THIS DISCLOSER 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 YOU 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 begin 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: \_\_\_\_\_

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  
P.O. Box 251  
Jonesborough, TN 37659

**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](mailto:gotoDC@honorflightah.org)