



GUARDIAN APPLICATION

WWW.HONORFLIGHTAH.ORG

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 payment to Honor Flight of the Appalachian Highlands, prior to the trip, to cover their expenses. To ensure the safety of our Veterans, Guardians will be required to go through a live training session. For further information, please visit our website at www.honorflightah.org.

Notice: Guardians must be at least 18 years of age at the time of the trip and possess a federally compliant REAL-ID. The Guardian must be physically able to handle walking and pushing a wheelchair for the Veteran.

There are NO costs for the Veteran to participate.

Guardians will cover their \$400 cost with payment 30-days prior to departure.

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 t-shirt size: _____
(month/day/year)

Email: _____

Emergency Contact Information: _____

Name Relationship

Address (If different from above) Email Phone number

Are you a military veteran? YES NO If yes, branch , dates, rank and activities during service:

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

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

Medical:

Your height: _____ Weight: _____

Current medications/dosage: _____

Do you require a special meal? YES NO _____

Drug Allergies? YES NO Describe: _____

Food Allergies? YES NO Describe: _____

Diabetic? YES NO Insulin? _____ Require refrigerator? _____

Do you have breathing limitations? YES NO Describe: _____

Are you able to sit for an extended period of time? YES NO

Visually Impaired? YES NO Hard of Hearing? YES NO Seizures? YES NO

Do you use a cane, walker, or other mobility device? YES NO

Are you able to push a wheelchair with a Veteran? YES NO Lift 100 pounds? YES NO

Are you able to assist a Veteran in getting on/off a bus? YES NO

Please indicate any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian: _____

PLEASE NOTE: This disclosure does not eliminate your chances of Guardianship; it is to allow us to prepare for the safety of our Veterans and Guardians for your trip. Failure to disclose may result in your application being denied.

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.

I understand that there is a cost associated with being a Guardian and that payment in full will be made 30 days prior to the scheduled trip. I also understand that I must complete the Honor Flight of the Appalachian Highlands Guardian Training prior to the selected trip – dates and locations will be announced at the time of selection. Failure to comply with either the fees or training will result in my application being declined 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, valid form of government issued photo ID.

Signature: _____ Date: _____

Print Name: _____

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 news 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 use by Honor Flight of the Appalachian Highlands.

Signature: _____ Date: _____

Print Name: _____

Please mail applications and
Guardian fees to:

Honor Flight of the Appalachian Highlands
P.O. Box 251
Jonesborough, TN 37659

Online applications are available: www.honorflightah.org