



## Guardian Application

*Honor Flight Arizona* 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 throughout the entire three-day trip. **THIS IS A PHYSICALLY TAXING TRIP and guardians must be in good health and be able to push a Veteran's wheelchair throughout all three days.** Wives/husbands or significant others of veterans may **not** participate as guardians for their husband/wife. Guardians are often sons, daughters, grandsons or granddaughters of the Veterans. Guardians are responsible for their own all-inclusive trip cost--\$900 paid by check to Honor Flight Arizona (payment due one month prior to trip date). If a Veteran does not suggest a guardian, one will be provided from a list of potential guardians maintained by Honor Flight Arizona (Potential guardians also pay their own \$900 trip cost to participate in the program).

For further information, please contact us at (928) 377-1020 or visit us at [www.honorflightaz.org](http://www.honorflightaz.org). Thank you for your support.

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

FIRST MIDDLE LAST (IF APPLICABLE)

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ T-Shirt Size Sm Med L XL XXL XXXL

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

How did you learn about the Honor Flight organization? \_\_\_\_\_

Why are you volunteering for Honor Flight? \_\_\_\_\_

Please list any prior volunteer experience: \_\_\_\_\_

### Personal Reference

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name the veteran: (Please note that completed veteran application must be submitted separately) \_\_\_\_\_

Are you able to push a veteran in a wheelchair up a slight incline? \_\_\_\_ Yes \_\_\_\_ No.

Please identify 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 any medical experience you may have (e.g., Nurse, Doctor, EMT, CPR, Paramedic) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. \_\_\_\_\_

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

2. \_\_\_\_\_ I

further state that medical insurance is the responsibility of the GUARDIAN and I understand that neither *Honor Flight Northern Arizona* nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold *Honor Flight Northern Arizona*, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of *Honor Flight Northern Arizona* responsible for any injuries incurred by me while participating in the *Honor Flight Northern Arizona* program.

SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(E-mail applicants will be required to sign prior to actual trip date) D M Y

\* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PARENT/GUARDIAN D M Y

**Please submit this form to:**

**Northern and Central AZ:  
Honor Flight Arizona  
ATTN: Guardian Application  
PO Box 12258  
Prescott, AZ 86304  
Or fax to: (928) 441-0608**