



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--\$1150 paid online or 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 \$1150 trip cost to participate in the program). **Guardian trip payments** can be made online, via secure PayPal, from the “Get Involved” tab, then “Guardians” option on the Honor Flight Arizona website: www.honorflightaz.org. Other details about Honor Flight Arizona can be found on the website as well. For further information, please contact us at (928) 377-1020. Thank you for your support.

NAME: _____ NICK NAME: _____
 FIRST MIDDLE LAST (IF APPLICABLE)

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, 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. _____ A
s 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 for Northern and Central AZ to:

Honor Flight Arizona
ATTN: K. Friddle
44808 N. 16th St.
New River, AZ 85087