

For Honor Flight Use Only: Date Rec'd ____/____/____



Guardian Application

Honor Flight 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 at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information, please contact us at (563) 690-0815 or www.honorflightdbq.org. Thank you for your support.

Your Name _____
 First **Middle Name** **Last**

(Please list your full first, middle and last name as it appears on your driver's license or government ID)

Address _____ Gender _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Age _____ Date of Birth ____/____/____ Shirt Size _____

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 _____

Please list one (1) personal reference

Name _____ Relationship to applicant: _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Cell _____

Please list one (1) emergency contact

Name _____ Relationship to applicant: _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ 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

Can you lift 100 pounds? ____ 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., EMT, CPR, Paramedics) _____

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 trips and events his/her image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo or any other media, to be used solely for the purposes of Honor Flight 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 veteran that neither Honor Flight 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, the flight provider, or any other person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed _____ Dated _____

Email applicants will be required to sign prior to actual flight

Please submit form to: Honor Flight of Dubuque and the Tri-States – PO Box 659, Dubuque, IA 52004-0659 or email to pmason@radiodubuque.com or fax to 563-588-5688