

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



Guardian Application

of Dubuque and the Tri-States

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.

Do you have the proper government real ID or Passport? Yes _____ No _____

Please Note: You CANNOT be the Guardian for your Spouse.

PLEASE PRINT

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** _____

Best Contact Phone Number _____

Email Address _____

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

Weight _____ **Are you a veteran?** Yes _____ No _____

If a veteran, please indicate branch of service, and years served _____

There are NO GUARANTEES that you will be chosen.

EMERGENCY CONTACT : (person to contact the day you travel)

Name: _____ **Relationship** _____

Phone: _____ **Email** _____

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)

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience _____

Are you able to push a veteran in a wheelchair up a slight incline? Yes _____ No _____
Can you lift 100 pounds? Yes _____ No _____

Do you have allergies? Yes _____ No _____ If yes, what are they? _____

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 _____

By typing your name, you acknowledge the above.

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