

W.VA. ALWAYS FREE HONOR FLIGHT 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 not limited to, physically assisting the veterans at the start of the trip, during the trip and at the memorials. Guardians are also responsible for their own expenses and will be informed of the cost once determined. For further information, please contact us at 304-425-8660 or 304-320-6032. Thank you for your support.

NAME: _____ NICK NAME: _____

(As it appears on your driver's license or government ID.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

AGE: _____ DOB: _____ GENDER: M ___ F ___

T-Shirt Size: (S,M,L,XL,XXL,XXXL) _____ E-MAIL ADDRESS _____

OCCUPATION: _____ ARE YOU A VETERAN? ___ YES ___ NO

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

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list a personal reference:

Name: _____ Phone # _____

Relationship to applicant: _____

5. Please list an emergency contact:

Name: _____ Phone# _____

Relationship to applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

6. 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)

7. Are you able to push a veteran in a wheelchair up a slight incline? _____ YES _____ NO

8. Can you lift 50 pounds? YES _____ NO _____

9. 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.

10. 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 a 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 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 guardian and I understand that neither Honor Flight nor the provider of free private travel carrier (bus, aircraft, etc.) 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 person appearing or quoted in any advertisement or service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: _____ DATE: _____

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

SIGNATURE: _____ DATE _____
PARENT/GUARDIAN

Please submit this form to: **ALWAYS FREE HONOR FLIGHT**
P. O. Box 931
Princeton, W. Va. 24740

Or e-mail to pfccoulbourne@hotmail.com