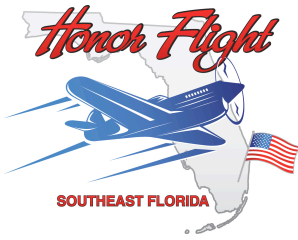


D-DAY APPLICATION



Please read this page before filling out your application.

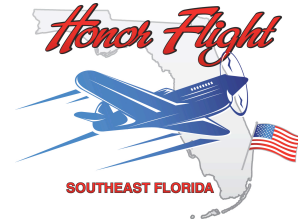
Dear guardian candidate,

Thank you for your interest in becoming a part of one of the most important teams around – Honor Flight. Before you fill out the application there are a few things we would like you to know.

- Southeast Florida Honor Flight is an all volunteer organization. We receive hundreds of emails and phone calls each month. We do our best to respond to each of them in a timely manner however, please understand we have limited manpower. If you contact us expect some delay in our response. **We do not call to confirm receipt of your application.** If you want to check your status please send us an email. If you have not received a response within a week please try again.
- The #1 priority of each trip is the **safety** of our veterans and everyone else onboard. Guardians are an intergral part of our operation and are selected by our flight team based on the following criteria: Minimum age is (18) / Maximum age is (65). You must be able to lift (100) lbs. First priority is given to guardians with medical training, active duty or retired military personnel, returning guardians, and to eligible family members meeting the above criteria.
- Guardian Training – every person serving as a guardian on an honor flight **must** attend guardian training prior to a flight.
- The guardian fee is \$100 and is not refundable. **DO NOT SEND MONEY NOW.** Money will be collected once you have been selected for the flight.
- This is a three day / two night trip.
- We use our website www.honorflightsefl.org and Facebook www.facebook.com/honorflight to communicate with the public – please look there for information before contacting us.

Please initial that you have read this cover sheet _____ and proceed to the application.

D-DAY GUARDIAN APPLICATION



The mission of *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 most notably include, but are not limited to, physically assisting the veterans at the airport, during the flight, and at the memorials.

For more information, contact us toll free at (855) FLYAVET (855-359-2838) or info@honorflightsefl.org

Thank you for your support.

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME _____
(For airline security and travel purposes, you must list your name exactly as it appears on your driver's license or state issued ID.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE : _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES / NO (circle one)

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 : _____

Please list one (1) Personal Reference :

Name : _____ Relationship to applicant: _____

Address : _____ City : _____ State : _____ Zip : _____

Phone / Cell Phone : _____ Email : _____

Please list one (1) Emergency Contact :

Name: _____ Relationship to applicant: _____

Address : _____ City : _____ State : _____ Zip : _____

Phone / Cell Phone : _____ Email: _____

Are you requesting to travel with a specific Veteran ? YES / NO (circle one)

If Yes, please name the Veteran: _____

(Please Note : a Veteran application must be submitted separately. Spouses are NOT eligible to be a Guardian for a Veteran)

Are you able to push a Veteran in a wheelchair ? Up a slight incline ? YES / NO (circle one)

Can you lift (100) pounds ? YES / NO (circle one)

Please list any physical disabilities, restrictions and / or medical conditions that may limit your ability to fulfill the duties of a Guardian : _____

Please note any medical experience you have (Firefighter / EMT, Paramedic, Nurse, CPR, etc...) : _____

T-SHIRT SIZE : SM MED LG XL XXL XXXL (circle one)

Generally, (1) Guardian will be assigned to every Veteran.

Guardians are selected by our flight selection team based on qualifying criteria :

- **At the time of the flight, the Guardian must be at least (18) and no more than (65) years of age.**
 - **The Guardian must be able to easily lift (100) pounds as he / she will assist Veteran(s) in and out of wheelchairs, up and down stairs, etc... First priority shall be given to medically trained volunteers, active duty military personnel, and Guardians who have previously flown.**
- Family members of Veterans (with the exception of spouses) are eligible to apply however, they must meet selection criteria.**
- **The Guardian must attend a mandatory training class prior to flying.**

PLEASE REVIEW CAREFULLY AND SIGN:

The applicant understands, acknowledges and agrees:

- That as a condition to being a Volunteer and / or Guardian on an Honor Flight mission, I will be doing so at my own risk. Honor Flight Inc., Southeast Florida Honor Flight Inc., as well as their agents, staff, volunteers, officers, sponsors etc..., shall not be held liable for, and are hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc..., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and / or cancellation insurance is the responsibility of the applicant, volunteer and / or guardian.
- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight Inc. and Southeast Florida Honor Flight Inc.
- The Guardian fee of \$100 is non - refundable.
- I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE: _____ **DATE:** ____ / ____ / ____

PARENT / GUARDIAN SIGNATURE **DATE:** ____ / ____ / ____

- **Applicants under (18) will require an exception / waiver from the governing board of Southeast Florida Honor Flight. If exception granted parent and / or legal guardian must also sign and date.**

Submit COMPLETED application to: Southeast Florida Honor Flight P.O. Box 1503, Stuart, FL 34995

Note: only complete and signed applications will be considered