

# GUARDIAN APPLICATION

The mission of **Honor Flight Central Florida** 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. Guardians are also responsible for their own expenses (airline fare, etc.) which are covered by your generous tax-deductible donation to Honor Flight Central Florida. Questions from Guardian applicants should be directed to us **by e-mail at [honor.flight.central.florida@gmail.com](mailto:honor.flight.central.florida@gmail.com)**

For general information visit [www.honorflightcentralflorida.org](http://www.honorflightcentralflorida.org) or call 407-203-7010.

Please fill this form out in its entirety and sign where requested

**For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID that will be used for the airport TSA checkpoint.**

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME
BIRTH DATE		GENDER (please circle) <b>MALE</b> <b>FEMALE</b>	
STREET ADDRESS			
CITY		STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE	
E-MAIL			
OCCUPATION			
ARE YOU REQUESTING TO FLY WITH A SPECIFIC VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, PLEASE COMPLETE:</b>			
VETERAN FIRST NAME	VETERAN MIDDLE NAME	VETERAN LAST NAME	
Why are you volunteering for Honor Flight?			
Do you have previous experience with Honor Flight? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe your experience:			

If you only reside in FL part of the year **please list the months you are *IN* Florida**

- N/A - I live in FL year round
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Can you push a veteran in a wheelchair up a slight incline?  YES  NO  
Can you lift 100 pounds?  YES  NO

If you are affiliated with an organization that is travelling together please list it here:

### MEDICAL INFORMATION

INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

What is your **weight** in pounds?

What is your **height** in inches?

Please list any medications that you take:

Do you have any **drug allergies**?  YES  NO  
IF YES, PLEASE LIST/DESCRIBE:

Do you have any **food allergies**?  YES  NO  
IF YES, PLEASE LIST/DESCRIBE:

Do you require a special meal/diet?  YES  NO  
IF YES, PLEASE LIST/DESCRIBE:

PLEASE LIST ANY SURGERIES:

Do you have a prosthetic limb or metal implant?  YES  NO  
If YES, please describe:

Primary Care Physician's name and phone number:
Do you have Medical Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Company:</b> <b>Policy Number:</b>
Do you have Supplemental Medical Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Company:</b> <b>Policy Number:</b>

Please List (1) Emergency Contact			
NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DAY PHONE	EVENING PHONE	CELL PHONE	
E-MAIL	RELATIONSHIP TO APPLICANT		

Please List (1) Alternate Contact			
NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DAY PHONE	EVENING PHONE	CELL PHONE	
E-MAIL	RELATIONSHIP TO APPLICANT		

**Guardians are selected by Flight Leadership based on qualifying criteria. Generally, there is one guardian for every Veteran, depending on the needs of the individual Veterans on that particular flight. At the time of the flight, guardians must be at least 18, and physically able to lift 100 pounds, as many times they may be assisting Veterans in to or out of wheelchairs, up and down stairs, and push a wheelchair on an incline and at a distance of about a mile. Family members (with the exception of spouses) of Veterans are eligible to apply, however we cannot guarantee they will travel as a Guardian to their Veteran relative. We will endeavor to fulfill all request to accompany a specific Veteran. Donations for all Guardians are \$500 for the first trip and \$400 thereafter. Donations are payable no later than 10 days prior to flight. Guardians may be by check or through our website. Guardians with a balance due will be removed from the flight roster prior to the flight.**

**ALLHONOR FLIGHT GUARDIANS ARE REQUIRED TO ATTEND OUR PRE-FLIGHT ORIENTATION GENERALLY HELD 1-2 WEEKS BEFORE A FLIGHT MISSION. FURTHER INFORMATION ABOUT PRE-FLIGHT ORIENTATION DATES ARE FURNISHED ONCE YOU ARE CONFIRMED FOR A SPECIFIC HONOR FLIGHT MISSION.**

**If you have a VETERAN you wish to travel with please list their information here**

VETERAN NAME		
VETERAN STREET ADDRESS		
VETERAN CITY	VETERAN STATE	VETERAN ZIP CODE
VETERAN DAY PHONE	VETERAN EVENING PHONE	VETERAN CELL PHONE
VETERAN E-MAIL		VETERAN RELATIONSHIP TO APPLICANT

**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 Central Florida 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 Central Florida Inc. and the Honor Flight Network.
- The Guardian Donation of \$500 is non-refundable. Please make checks payable to "Honor Flight Central Florida" and write "Guardian" in comment line of the check.
- I have read and understand the terms of this application and have signed voluntarily.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*(E-mail applicants will be required to sign prior to actual trip date)**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Applicants under 18 require an exception/waiver from the governing board of Honor Flight Central Florida. For exception to be considered, parent and/or legal guardian must also sign and date this form.**

Submit completed and signed applications to: [hfcfl.dir.guardians@gmail.com](mailto:hfcfl.dir.guardians@gmail.com) via email  
or mail to

Honor Flight Central Florida  
Box #191  
5036 Dr Phillips Blvd  
Orlando, FL 32819

**\*Please note that "BOX #191" must be on a separate line above the street address and is NOT a P.O. Box.**