

FOR HONOR FLIGHT USE ONLY – NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## HONOR FLIGHT BAY AREA GUARDIAN APPLICATION

The Bay Area Honor Flight Foundation (herein '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.

Guardian Duties/Responsibilities include:

- Must not be the veteran's spouse.
- Must be at least 18 and no more than 64 years of age. Guardians over the age of 64 may be assigned based on a satisfactory medical review by our staff.
- Must be physically fit enough to assist their veteran in and out of a wheel chair at the airport, during the flight and in/out of our tour bus at the memorials (estimated 7 miles of walking over the course of two days).
- Must attend a mandatory training session learning and accepting guardian roles and responsibilities.
- Must know the veteran's medication needs and assure meds are taken as required by the veteran's medical care provider.
- Will share a room in our Washington DC area hotel with his/her assigned veteran, or with another person.
- Are required to pay for their trip by making a tax deductible, non-refundable donation in the amount of \$1250 to *Honor Flight Bay Area Foundation*. Payment is due 30 days prior to the flight.

For further information, please contact us at 408.499.1739, [admin@honorflightbayarea.org](mailto:admin@honorflightbayarea.org) or visit [www.honorflightbayarea.org](http://www.honorflightbayarea.org).

**PRINT YOUR FULL LEGAL NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_  
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

**ADDRESS:** \_\_\_\_\_ **GENDER:** M F

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**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 one (1) personal reference:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

5. Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

6. Please identify the airports from which you would be able to fly as a Guardian (i.e. SFO, Oakland, San Jose):

\_\_\_\_\_

7. 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) \_\_\_\_\_

8. Are you able to push a veteran in a wheelchair up a slight incline? Yes No

9. Can you lift 100 pounds? Yes No

10. 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.

11. T-Shirt Size: (S, M, L, XL, XXL, XXXL): \_\_\_\_\_

12. 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 veteran. I understand and I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight*, the airlines, or any 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.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any Honor Flight activity.
4. I understand viruses (to include influenza and other related corona viruses) are particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although Honor Flight is taking precautions to reduce the spread of viruses\* during our events, it cannot guarantee and has not guaranteed I will not become infected with viruses\*. Further, I understand attending an event could increase my risk of contracting viruses\*. By signing this agreement, I acknowledge the contagious nature of viruses\* and voluntarily assume the risk I might be exposed to or infected with viruses\* by attending an event.  
\*To include influenza and other related corona viruses.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Applicants will be required to sign an additional covenant prior to actual flight date)

**Please submit this form to:**

**Honor Flight Bay Area Foundation  
c/o General Electric  
m/c HFBAF  
1990 Little Orchard St  
San Jose, CA 95125**