



Date Received: \_\_\_\_\_

App Entered: \_\_\_\_\_

Postcard Sent: \_\_\_\_\_

(This Space For Office Use Only)

## 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. Please remember: "It is all for the Veterans."

Duties include, but not limited to, **physically** assisting the Veterans at the airport, during the flight and at the memorials, sometimes requiring heavy lifting. You may be assigned more than one Veteran. What you hear and say on Honor Flight, stays on an Honor Flight. ***At this time we no longer allow family members to accompany Veterans on our flights.***

**Guardians donate \$400** to cover their expenses (please do NOT send with your application). For more information, please check our website: [www.HonorFlightQC.org](http://www.HonorFlightQC.org) OR call us at (563) 388-3592 OR email: [honorflight@ridgecrestvillage.org](mailto:honorflight@ridgecrestvillage.org) ***Thank You for your support.***

**NOTE: Please be advised, you MUST have a VALID photo ID or VALID passport to fly with Honor Flight.**

(PLEASE PRINT NEATLY.)

NAME: \_\_\_\_\_  
*First Middle as shown on your personal ID Last*

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ Mobile  Landline

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ (must be from 21 to 75)

ARE YOU A VETERAN? \_\_\_\_ YES \_\_\_\_ NO

GENDER \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ BIRTH DATE (MM/DD/YYYY): \_\_\_\_\_

Circle T-Shirt Size: S M L XL 2XL 3XL 4XL

1. Why are you volunteering for Honor Flight? \_\_\_\_\_

2. Have you previously served as a Guardian on an Honor Flight? \_\_\_\_\_

3. **Please list one (1) emergency contact** (someone at home the day you travel):

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PHONE: \_\_\_\_\_ Mobile  Landline

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**PLEASE COMPLETE BOTH SIDES AND SIGN!**

4. Are you able to push a wheelchair with a 200-pound veteran for 2 hours intermittently both up and down hill?

YES

NO

5. Please identify any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a guardian.

\_\_\_\_\_

6. Circle if you are currently trained and licensed in any of the following: MD/DO/PA NP RN LPN  
EMT Paramedics

7. It is **MANDATORY** that you attend the orientation in person prior to the flight.

**PLEASE REVIEW AND SIGN:** (*Honor Flight refers to Honor Flight of the Quad Cities and Honor Flight Network*)

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, compensation, or ownership thereto.

2. I further state that medical insurance is my responsibility and I understand that Honor Flight does NOT provide medical insurance. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

3. **I understand I am responsible for attending the mandatory pre-flight orientation** and for the \$400 Guardian donation **payable only when I am scheduled for a flight.** Honor Flight of the Quad Cities, Inc. is a charitable organization and has received the designation of 501c(3) by the Internal Revenue Service.

GUARDIAN SIGNATURE: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

**Please submit this original form to: Honor Flight of the Quad Cities, Inc.  
c/o Ridgecrest Village  
4130 Northwest Blvd  
Davenport, IA 52806**



**NOTE: We only accept original applications, signed by the applicant.**