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(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 <u>every</u> Veteran has a **safe** and **memorable** experience. <u>Please remember</u>: "*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.

Please be advised, you MUST have a VALID TSA Photo ID with gold star or passport to fly with Honor Flight.

(PLEASE PRINT NEATLY)

NAME:						
	First	Middle as	shown or	n you	r personal ID	Last
ADDRESS:						
CITY		COUNTY			STATE	ZIP
PHONE:			Mobile [Landlii	ne
E-MAIL ADDRESS:					AGE:	(must be from 21 to 75)
ARE YOU A VETER	AN? YES _	NO				
GENDER	WEIGHT	HEIGHT	Γ		BIRTH DATE (MM/DE	D/YYYY):
	Circle T-Shirt Size:	S M	L 2	XL	2XL 3XL 4X	L
1. Why are you volunt	eering for Honor Flight	?				
2. Have you previously	y served as a Guardian	on an Hono	or Flight?			
	emergency contact (sor					
Name:					Relationship to appl	icant:
Address:						
City/State/Zip:		E-Mail:				
PHONE:			Mobile		Landlii	ne 🔲

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4. Are you able to push a wheelchair with a YES NO) [-	
5. Please identify any physical disabilities, the duties of a guardian.	restrictions, and/or medical con	ditions that wo	uld limit your ability	to fulfill
6. Circle if you are currently trained and lice	ensed in any of the following:	MD/DO/PA EMT	NP RN Paramedics	LPN
7. It is MANDATORY that you attend the	ne orientation in person prior	to the flight.		
PLEASE REVIEW AND SIGN: (Honor	Flight refers to Honor Flight o	of the Quad Cit	ties and Honor Fligi	ht Network)
The undersigned acknowledges and agrees to	that:			
1. As photographic and video equipmer and events, his/her image may appear in or advance the work of the <i>Honor Flight</i> claims and liability relating to said photographs activities through video, photo, promotional material and publications, a	a public forum, such as the nat program. I hereby release ographs. I hereby give permit or other media, to be used	nedia or a web the photograp ssion for my i I solely for th	site, to acknowledg her and Honor Fli mages captured du he purposes of Ho	ge, promote ght from all tring <i>Honor</i>
2. I further state that medical insurance i medical insurance. I understand that I ac will not hold Honor Flight responsible program.	ecept all risks associated with	travel and ot	her Honor Flight ac	ctivities and
3. I understand I am responsible fo Guardian donation <i>payable only when</i> a charitable organization and has received	I am scheduled for a flight	. Honor Fligh	nt of the Quad Citi	
GUARDIAN SIGNATURE:			/	_/
			Month/Day	//Year
Please submit this original form	c/o Ridgecrest Vill	age	ies, Inc.	
	4130 Northwest B Davenport, IA 528			

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

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