

Date Received _____ / _____ / _____



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. 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. This is not a family vacation. Guardians donate \$400 to cover their expenses. For information, please check our website at: www.HonorFlightQC.org or call us (563) 388-3592.

Thank You for your support.

NOTE: Please be advised that beginning 10/01/2020, you MUST have a REAL ID or VALID passport to fly with Honor Flight.

NAME: _____

Please Print *First* *Middle as shown on your personal ID* *Last*

ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____ (must be 18 or older)

OCCUPATION: _____ ARE YOU A VETERAN? ____ YES ____ NO

GENDER (M, F) ____ WEIGHT: _____ HEIGHT _____ BIRTH DATE (M/D/YYYY): _____ (TSA requirement)

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

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 Numbers: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

PLEASE COMPLETE BACK PAGE

6. Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No
It is highly likely that you will be responsible for another veteran as well.

If yes, name the veteran: _____ (Please note that a completed veteran application must be submitted separately)

7. Can you lift 100 pounds? _____ Yes _____ No

8. 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. _____

9. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics, Nurse, Physician):

10. It is **MANDATORY** that you attend the orientation prior to the flight.

PLEASE REVIEW CAREFULLY 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 the responsibility of the guardian and I understand that Honor Flight does NOT provide medical care. 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.

SIGNED: _____

_____/_____/_____
Month/Day/Year

**Please submit this form to: Honor Flight of the Quad Cities, Inc.
c/o Ridgecrest Village
4130 Northwest Blvd
Davenport, IA 52806 or
Fax to: (563) 388-3287**

