



Honor Flight Use Only: _____

Land of Lincoln Honor Flight GUARDIAN Application
 57 Country Place; Springfield IL 62703

(R2024)

GUARDIAN REQUIREMENTS *All below requirements must be met (no exceptions!)*

- be between the ages of 18 and 70 years old
- not be a Spouse or Significant Other of any Veteran on the same flight
- be able to push a wheelchair up a small incline and long distances at Memorials and through airports
- complete the 90 minute guardian training telephone conference prior to the flight
You will be notified by email (or text if no email) of training dates
- be responsible for the comfort, mobility and safety of one or more Veterans on flight day
- conduct a face-to-face interview with your Veteran(s) by the assigned date in the Guardian packet
- complete all tasks on time and submit your guardian fee when required.
You will be notified of the flight date and the current amount and due date for the guardian fee at least 8 weeks in advance. Do NOT submit your guardian fee with this application.

GUARDIAN INFORMATION

*Please note: Enter your FULL legal name. If no middle name, enter "none" or "initial only."
 Application must be filled out **fully and legibly**. You must complete all sections.*

Full FIRST Name		Full MIDDLE Name		LAST Name	
First Name to use on Name Tag			Male	Birth Date	
			Female		
Address				Cell Phone #	
City		State	Zip	Other Phones #	
Email Address (REQUIRED)				Text number	

GUARDIAN STATUS

I am applying to be a **free-lance** guardian and be assigned as needed

Distance I am willing to travel to meet a Veteran _____ (miles)

I am requesting to serve as a guardian for a specific Veteran

Requested Veteran's Name		Requested Veteran's Phone	
Requested Veteran's Additional Phone		Your relationship to the requested Veteran	

You will be provided a t-shirt and cap or visor on flight day. Sizes are uni-sex.

Small Medium Large XL 2X 3X 4X

YOUR OCCUPATION *(Please also note if you have medical experience as doctor, nurse, paramedic, EMT, first responder and if you agree to provide basic first aid on flight day)*

REQUIRED EMERGENCY CONTACT INFORMATION

Emergency contacts may not be persons going on the same flight and must be available by phone on flight day

Emergency Contact #1 Name	Relationship
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Full Address

Primary Phone	Other Phones
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Emergency Contact #2 Name	Relationship
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Full Address

Primary Phone	Other Phones
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GENERAL AND MEDICAL INFORMATION You must be physically capable of loading and unloading wheelchairs into a bus baggage well, helping a Veteran in and out of a seat, pushing a wheelchair up an incline, serving two Veterans if required and working on a team with other guardians. In consideration of all others on the flight, do not submit this application if you are unable or unwilling to perform these tasks.

REQUIRED RELEASES

The undersigned acknowledges and agrees that all information provided on this application is accurate and:

1. I further agree that medical insurance is the responsibility of the guardian and I understand that neither Honor Flight nor the transportation operators provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight transportation providers, staff, volunteers, passengers, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries, illnesses or health conditions incurred by me while participating in the Honor Flight program.

2. Photographic and video equipment may be used on Honor Flight events. I hereby release the photographer and Honor Flight from all claims and liabilities relating to said photographs. I hereby give permission for my images captured during Honor Flight activities to be used solely for the purposes of Honor Flight promotional material and publications and waive any rights, compensation or ownership thereto. I agree my name, phone number and town of residence may be released to legitimate media organizations and representatives.

3. Honor Flight has the exclusive authority to decide the order and who is allowed to take an Honor Flight trip. I understand due to circumstances of safety, security, capacity or other reasons, I may be refused or denied participation on a flight.

SIGNATURE _____ **DATE:** _____

Mail this form to: **Land of Lincoln Honor Flight 57 Country Place Springfield IL 62703**

For additional information, you may contact us at 217-652-4719; JMB4604@aol.com or www.landoflincolnhonorflight.org