



Rochester, NY Hub

# Guardian Application

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_

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

*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 are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for a significant contribution to expenses (airline fare, etc.). For further information, please contact us at [www.HonorFlightRochester.org](http://www.HonorFlightRochester.org). Thank you for your generous support.

YOUR FULL NAME: \_\_\_\_\_  
*(As it appears on your ID for airline travel)*

NICK NAME: *(If Applicable)* \_\_\_\_\_

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AGE \_\_\_\_\_ E-MAIL Address: *(Please Print CLEARLY)* \_\_\_\_\_

1) Occupation: \_\_\_\_\_  
\_\_\_\_\_

5) Please list prior volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Are you a veteran? Yes \_\_\_ No \_\_\_  
*If yes, indicate Branch, when & where you served*  
\_\_\_\_\_  
\_\_\_\_\_

6) Please list one (1) PERSONAL REFERENCE:

Name: \_\_\_\_\_

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

3) How did you learn about Honor Flight? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone - Day: \_\_\_\_\_

- Evening: \_\_\_\_\_

4) Why are you volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Relationship: \_\_\_\_\_



7) Please list one (1) EMERGENCY CONTACT:  
(someone available when you are traveling):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

8) Are you requesting to travel with a specific  
veteran? Yes \_\_\_ No \_\_\_

Veteran's Name \_\_\_\_\_

Relationship \_\_\_\_\_

(Please note: a completed veteran application  
must be submitted separately)

9) Can you lift 100 pounds? Yes \_\_\_ No \_\_\_

10) Tee Shirt Size: (circle one)

S M L XL XXL XXXL

**MEDICAL information below is for Honor Flight  
and medical personnel use ONLY, and is handled  
with complete confidentiality. It is NOT intended  
to disqualify you from travel, but permits us to  
assess support needed for each Honor Flight.**

11) Please note any medical experience/training you  
may have (e.g., EMT, CPR, Paramedic)

\_\_\_\_\_  
\_\_\_\_\_

12) Please identify any physical disabilities,  
restrictions and/or medical conditions that could  
limit your duties as a guardian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) Please list any medications you regularly take,  
and the frequency of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, images of veterans may appear in a public forum,  
such as the media or on a website, to acknowledge,  
promote or advance the work of **Honor Flight**.

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** promotions and publications, and waive any rights  
of compensation or ownership thereto.

2. I further acknowledge 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  
I may incur while participating in the program.

SIGNED: \_\_\_\_\_

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

**Please submit your completed  
and signed application to:**

**Honor Flight - Rochester  
ATTN: Guardian Application  
P.O. Box 23581  
Rochester NY 14692**