

HONOR FLIGHT SOUTHERN INDIANA USE ONLY:
Veteran's Name: _____

DATE RECEIVED: ____/____/____

HFSI 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 each Veteran has a **safe** and memorable experience. Duties include physically assisting the Veteran at the airport, during the flight and at the memorials. **Guardians are required to make a minimum \$500 donation to offset expenses for Veterans.** Call 812-297-4136 or email us at HFSI.apply@gmail.com if you have any questions.

NAME: _____ DATE: ____/____/____

(As it appears on your driver's license or government ID, must be over 18 years old.)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION (list any medical experience-e.g., EMT, CPR, Paramedics): _____

ARE YOU A VETERAN? Yes / No

If you are a Veteran, please indicate BRANCH of service, Date of Service, Discharge Date, and WHERE you served:

1. Are you requesting to travel with a specific Veteran, if possible? Yes / No

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

2. Are you able to push a Veteran in a wheelchair up a slight incline? Yes / No.

3. Can you lift 100 pounds? Yes / No (If so you may be assigned a specific role such as helping load buses)

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

5. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

6. Emergency contact information:

Name: _____ Relationship to applicant: _____

Address: _____ City/State/Zip: _____

E-Mail Address: _____ Phone Number: _____

PLEASE REVIEW CAREFULLY AND SIGN - The undersigned acknowledges and agrees to the following:

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 or compensation or ownership thereto.
2. I further state that *medical insurance is the responsibility of the guardian* and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight of Southern Indiana, The Honor Flight Network, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
3. I understand as a Guardian, if selected, I am responsible to pay for my own expenses via a donation (as of 1/1/2019 \$500.00) made 15 days prior to flight departure. This will cover Airfare, Washington DC transportation, shirt and meals.

SIGNATURE: _____ DATE: ____/____/____

(Must be over 18 years old, E-mail applicants will be required to sign prior to actual trip date)

When completed in full please mail this form to:

Honor Flight of Southern Indiana

ATTN: Guardian Application

PO Box 8234

Evansville, IN 47716 Or email to: HFSI.apply@gmail.com