



## GUARDIAN APPLICATION

*Honor Flight Long Island* 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 their own expenses (airline fare, etc.) For more information call (631) 702-2423 or visit [www.honorflightlongisland.org](http://www.honorflightlongisland.org). Thank You for your support.

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M                  D                  YR

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

(As it appears on your ID for airline travel)

(If applicable)

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

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

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ D.O.B \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: \_\_\_\_\_

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: \_\_\_\_\_

6. Please identify the city(ies) from which you would be able to fly as a Guardian. For a list of active cities, visit "Regional Programs" on our national website at [www.honorflight.org](http://www.honorflight.org) or call our office at 937.521.2400.

City(ies): \_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

- 7. Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name the veteran: (Please note that completed veteran application must be submitted separately)  
\_\_\_\_\_
- 8. Can you lift 100 pounds? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10. T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_
- 11. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, 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 veteran 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

SIGNED\*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

\* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN

**Please submit this form to:** **Honor Flight Long Island**  
 c/o Department of Human Services  
 Southampton Town Hall  
 116 Hampton Road  
 Southampton, NY 11968  
 vbennett@southamptontownny.gov  
 631 702-2423  
[www.honorflightlongisland.org](http://www.honorflightlongisland.org)