



GUARDIAN APPLICATION

Honor Flight Long Island would not be successful without the generous support of our guardians who 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 asked to make a \$400 donation which is applied to program expenses and ATTEND the GUARDIAN TRAINING.** For more information call (631) 702-2423 or visit 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: _____ MOBILE: _____ EMAIL: _____

DATE OF BIRTH: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

Are you requesting to travel with a specific veteran? Yes No.

If yes, please name the veteran. _____

(NOTE: A completed veteran application must be submitted separately.)

OCCUPATION: _____ ARE YOU A VETERAN? YES NO

If yes, please indicate BRANCH of service, and WHEN and WHERE you served: _____

How did you learn about the Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Mobile: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

PLEASE COMPLETE BACK PAGE

Can you lift 100 pounds? ____ Yes ____ No

Do you have a problem with motion sickness? Circle: YES NO (it is advised if you DO, please see your medical provider to obtain medication/ or properly self-medicate to avoid issues, as you must be able to function as a guardian the entire day)

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Attach a list of all medications being taken and how often.

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 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

SIGNED*: _____ 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 Community

Services

Southampton Town Hall
116 Hampton Road
Southampton, NY 11968

vbennett@southamptontownny.gov



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www.honorflightlongisland.org