



# **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 to ATTEND the MANDATORY GUARDIAN TRAINING.** For more information, call (631) 702-2423. 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: \_\_\_\_\_ CELL: \_\_\_\_\_ 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) emergency contact: (someone available on the ground the day you travel)**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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

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

**PLEASE COMPLETE BACK PAGE**

Can you lift 50 pounds? \_\_\_\_ Yes \_\_\_\_ No

Do you have a problem with motion sickness? Circle: YES NO (it is advised if you DO, please see your physician 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.**

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Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), \_\_\_\_\_

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**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 or complications from a medical event while participating in the *Honor Flight* program.

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

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

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

PARENT/GUARDIAN



**Please mail or email this form to:  
Honor Flight Long Island**

c/o Jamie Bowden  
Department of Community Services  
Southampton Town Hall  
116 Hampton Road  
Southampton, NY 11968  
jbowden@southamptontownny.gov  
(631) 702-2423

[www.honorflightlongisland.org](http://www.honorflightlongisland.org)

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