



FOR HONOR FLIGHT USE ONLY: LN: _____ DR: _____

Land of Lincoln Honor Flight 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 every veteran has a **safe** and memorable experience. Duties include, but are not limited to, contacting the veterans before the flight and 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.) and the completion of guardian training, the veteran interview and veteran and guardian forms. Guardians may be responsible for more than one veteran. For further information, please contact us at (314) 427-2317 or (217) 622-1473 or <http://www.landoflincolnhonorflight.org> Thanks for your support!

YOUR NAME: _____ NICK NAME: _____
(as it appears on your photo ID or driver's license) (if applicable)

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS (if you check your email): _____

QUESTIONS:

1. What is your occupation?
2. Are you a veteran? _____ Yes _____ No If a veteran, please indicate branch of service and when and where you served.
3. How did you learn about Honor Flight?
4. Why are you volunteering for Honor Flight?
5. What prior volunteer experience have you had?
6. What medical experience have you had? (e. g., EMT, CPR, Paramedics, Nurse, Doctor, etc.)
7. What cities would you be willing to fly from? Springfield, IL St. Louis, MO Other?
8. Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No
If so, please give information about the veteran. Please make sure that this veteran has completed and sent in a veteran application.

Name: _____ Phone: _____

Address: _____

PERSONAL REFERENCE:

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Email: _____

NEXT PAGE (OVER)

OTHER GUARDIAN INFORMATION:

GENDER _____ AGE: _____ DATE OF BIRTH: _____

TEE SHIRT SIZE (circle): S, M, L, XL, XXL, XXXL

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Email: _____

MEDICAL INFORMATION:

1. Are you capable of pushing a veteran in a wheelchair up a slight incline? _____ Yes _____ No

2. Can you lift 100 pounds? _____ Yes _____ No

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

4. Please list any medications being taken and how often.

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____

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 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, 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.

SIGNED: _____ DATE: ____/____/____

Please submit this form to: Land of Lincoln Honor Flight, Inc.
Attn: Ray Wiedle
10912 St. Francis Lane
St. Ann, MO 63074