

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____ DATE RECEIVED: ____/____/____

GUARDIAN APPLICATION



Honor Flight Maine 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 physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information, please contact us at 207.370.7210 or www.honorflightmaine.org. Thank You for your support.

NAME: _____ NICK NAME: _____
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____ GENDER: M F

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: _____

PLEASE COMPLETE PAGE 2

7. Are you requesting to travel with a specific veteran, if possible? YES NO If yes, please name the veteran:
(completed veteran application must be submitted separately) _____

8. Are you able to push a 200 lb. veteran in a wheelchair up a slight incline for about 4 miles? YES NO

9. Can you lift 100 pounds? ____ Yes ____ No

10. 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. _____

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

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

NOTE: Guardians are asked to make a donation to Honor Flight Maine to help offset their travel, lodging, meal and other miscellaneous expenses. The donation amount varies and is based upon expenses at the time of travel. An average donation request would be \$500.00 and is tax deductible.

PLEASE REVIEW AND SIGN: The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight Maine** 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 Maine** program. I hereby release the photographer and **Honor Flight Maine** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Maine** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Maine** 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 Maine 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 Maine activities and will not hold Honor Flight Maine, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight Maine responsible for any injuries incurred by me while participating in the Honor Flight Maine program.

SIGNATURE *: _____ DATE: ____/____/____
(E-mail applicants will be required to sign prior to actual trip date) D M Y

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

SIGNATURE: _____ DATE: ____/____/____
PARENT/GUARDIAN D M Y

Please submit this form to:

Honor Flight Maine
ATTN: Guardian Application
PO Box 1770
Portland, ME 04101-1770

You can also scan and email your application to MaineHonorFlight@Gmail.com
ONLINE applications are also accepted at our website: www.HonorFlightMaine.org