



HONOR FLIGHT MAINE

GUARDIAN APPLICATION

Honor Flight Maine recognizes Maine’s Veterans for their service and sacrifice by flying them to Washington DC to visit and reflect at their memorials. Honor Flight Maine would not be successful without the aid of 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 airports, during the flight, and at the memorials.

NOTE: Guardians should be aged 18-75 (guardians not between the ages of 18 and 75 are subject to individual review and approval by Honor Flight Maine), in good health, **cannot** be a spouse, partner, or significant other, and are requested to make a donation of **\$500** at least one week prior to the trip to help partially defray the costs of their travel expenses.

For further information, please contact us at **207.370.7210** or online at www.honorflightmaine.org

Please submit **all 4 pages** of this form with required signature(s) to:

Honor Flight Maine
ATTN: Guardian Application
PO Box 469
Augusta, ME 04332

OR email application to:
info@honorflightmaine.org

As of May 7, 2025, ALL airline passengers are required to present a REAL ID compliant license or acceptable alternative identification to pass through security at Transportation Security Administration (TSA) checkpoints. For a list of acceptable documents, please visit: <https://www.dhs.gov/real-id>

Your name: _____ Nickname: _____
(as it appears on your state or federal ID for airline travel) (if applicable)

Address: _____

City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Date of birth (month/day/year): _____ / _____ / _____ Age: _____ Gender: Male Female

Y N Are you a Veteran?

Branch of service: Army Marines Navy Air Force Space Force

Coast Guard Merchant Marines Rank: _____

Dates you served in the military (month/year to month/year): _____ / _____ to _____ / _____

Country(ies) where you were stationed: _____

T-shirt size: S M L XL XXL XXXL XXXXL (Note: T-shirts are in men’s sizes; ladies please order accordingly.)

Y N Are you requesting to travel with a specific Veteran?

If YES, please name the Veteran: _____

(Completed Veteran application must be submitted separately)

GUIDELINES:

- All guardians must be in good health and able to do the following:
- Lift 50 pounds
- Push 200 pounds
- Transfer Veterans in and out of wheelchairs/seats
- Lift a wheelchair
- Push/pull a wheelchair for long distances (the equivalence of 8-10 miles)
- Bend over to tie shoes, or pick up items for Veterans
- Multi-task in order to assist two Veterans if asked

Y N Do you meet the above **Guidelines**?

If NO, please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian: _____

Please note any medical experience you may have:

MD/DO NP/PA RN LPN/CMA EMT-P AEMT EMT-B CRNA CPR Other: _____

Please list your physician’s name and phone number in case of emergency:

Name: _____ Phone: _____

Medications – Please attach extra page(s) if needed for your medications and include all medications (i.e.: prescribed, over the counter, vitamins/supplements, etc.)

Medication Name	How Often	Medication Name	How Often

Additional Medical (Check all that apply and check with your Primary Care Doctor before traveling)

- | | |
|--|--|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Home Nebulizer, BiPap, CPAP |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Drug Allergies (Explain in Comments) | <input type="checkbox"/> Seizures (Explain in Comments) |
| <input type="checkbox"/> Oxygen (Doctor’s RX will be required) | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Head, Sinus, Ear Problems | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Urostomy or Colostomy Bag |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Memory Issues (Explain in Comments) |

EMERGENCY CONTACT INFORMATION

Primary emergency contact (someone not traveling with you):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

PERSONAL REFERENCE INFORMATION

If you are **NOT** a family member **OR** the guardian the Veteran has requested to travel with, please provide a personal reference:

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

YOUR MEDICAL INFORMATION CONTINUED

Is there anything else we should know about your physical/medical situation or special needs? Are there any condition(s), not mentioned above, or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in a trip?: _____

Do you have any additional comments or concerns you would like HFM to know about? _____

PLEASE REVIEW CAREFULLY AND SIGN

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Maine medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Maine must medically approve all participants to fly. I agree to notify Honor Flight Maine immediately should my medical condition change prior to the trip. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Maine to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Maine. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility, and that Honor Flight Maine does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Maine activities, and that I will execute a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Maine while participating in the program. **I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Maine program and my signature on this page shall be sufficient evidence of my consent.** My signature authorizes Honor Flight Maine to call my physician(s) or any other person familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Print name: _____ **Date:** _____

Signature: _____

If you are completing this application for your Veteran, please print your name, relationship to the Veteran and provide a phone number for us to contact you.

Print name: _____ **Date:** _____

Signature: _____ **Relationship:** _____

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