



For Honor Flight Use Only: Last Name: _____ Date Received: _____

Guardian Application

Note: Applicants between the ages of 18-69 can apply to be a guardian. Husbands, wives or "significant others" of veterans cannot be their guardian or fly on their flight as someone else's guardian. ***If chosen***, you will be required to pay the cost of the trip, which is \$500 and attend a mandatory guardian training session. If you are requesting to fly with a specific veteran, your application **MUST** be received **PRIOR** to the veteran being called to go on a specific flight, for your application to be considered.

Never Forgotten 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, 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.)

We do take requests to accompany a veteran, but it is not possible to honor all requests. All Never Forgotten Honor Flights originate from Central Wisconsin Airport, Mosinee, WI. For further information please contact us at (715)573-8519 or visit us at www.neverforgottenhonorflight.org.

NAME (please enter your full middle name and any titles that are a legal part of your name such as Jr., Sr., etc. If you have no middle name please write "none")							
First		Middle Name			Last		
Nick Name (if applicable)					GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>		
ADDRESS							
CITY		COUNTY		STATE		ZIP	
PHONE	Day		Evening		Cell		
EMAIL ADDRESS (if none enter NONE)							
OCCUPATION			BIRTHDAY Month/Day/Year			AGE	
TEE SHIRT SIZE (circle)		S	M	L	XL	2X	3X
ARE YOU A VETERAN? YES NO							
Branch of Service (mark with "X")	Army		Navy		Marines		
	Air Force		Coast Guard		Merchant Marines		
Where and When Did You Serve?							
How did you learn about the Never Forgotten Honor Flight Organization?							
Why are you volunteering for Never Forgotten Honor Flight?							
Please list any prior volunteer experience:							

Your Name: _____
 (First) (Middle Name) (Last)

MEDICAL INFORMATION: Information provided will not disqualify you from taking the trip. It permits us to assess the support we need during the trip. Information is for Honor Flight and Medical Personnel only. Please use the back of this form if you need more space to comment on a medical condition. If you have concerns regarding any of your medical issues, we strongly advise you to discuss the trip with your private physician.

	Yes	No	
Do you use mobility equipment?			Please check the device Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/>
Do you have diabetes?			Do you take diabetes medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, injected <input type="checkbox"/> or oral <input type="checkbox"/>
Do you have a history of seizures? (e.g., grand mal, petit mal, other)			Please describe When was your last seizure?
Do you have any breathing problems?			Please describe
Do you have a history of open head injuries, sinus problems, or ear problems? (circle which ones, if any)			Have you flown since the problem occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, did you have any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe
Do you have any drug allergies?			Please list
Are you able to push a veteran in a Wheelchair up a slight incline?			
Can you lift 100 pounds?			
Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian.			

MEDICATIONS

Medication Taken	Time of Day

Medication Taken	Time of Day

Signature _____ Date _____

Please list one (1) Personal Reference:		
Name		Relationship
Address		City/State/Zip
Email	Phone	Cell Phone
Emergency Contact (Someone available the day you travel) DIFFERENT THAN PERSONAL REFERENCE		
Name		Relationship
Address		City/State/Zip
Email	Phone	Cell Phone

Are you requesting to travel with a specific Veteran, if possible? _____ Yes _____ No

If yes, please provide the requested Veteran's name: _____

It may not be possible to fulfill all specific Veteran requests. If we are not able to pair you with your requested Veteran, do you wish to remain on the Guardian List for a future flight? _____ Yes _____ No
 Guardian Application must be on file before the Veteran is notified of his/her flight date. Acceptance of application does not guarantee a spot as a guardian.

Additional Comments or Concerns _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Never Forgotten Honor Flight** trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **Never Forgotten Honor Flight** program. I hereby release the photographer and **Never Forgotten Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Never Forgotten Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Never Forgotten Honor Flight** promotional material and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the guardian and I understand that neither **Never Forgotten Honor Flight** nor the provider of free private/airline aircraft (the flight provider) provides medical care. I understand that I accept all risk associated with travel and other Honor Flight Network Activities and will not hold **Never Forgotten Honor Flight**, the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Never Forgotten Honor Flight** responsible for any injuries incurred by me while participating in the **Never Forgotten Honor Flight** program.
3. Guardians pay their own way (APPROXIMATELY \$500-tax deductible) and are required to attend a MANDATORY TRAINING SESSION, which will be held on the afternoon of the Preflight Dinner. DO NOT SEND A CHECK UNTIL YOUR APPLICATION HAS BEEN APPROVED AND YOU HAVE BEEN CONTACTED TO BE A GUARDIAN.

SIGNED _____ DATE _____

(E-mail applicants will be required to sign prior to actual trip date)

(rev. 3 September 2019)

Please submit this form to:
Never Forgotten Honor Flight, Inc.
Attn: Guardian Application
4404 Rib Mountain Drive #234
Wausau, WI 54401

Or email to: info@neverforgottenhonorflight.org