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 f If you have no middle name				ny title	s that	are a le	egal pa	art of	your	name	such as J	r., Sr., etc.
First		Middle Name				Last						
Nick Name (if applicable)					GENDER Male Female ☐							
ADDRESS												
CITY		COUNTY			STAT	ATE			ZIP			
PHONE Day		Evening				Cell						
EMAIL ADDRESS (if none	enter NO	NE)										
OCCUPATION		BIRTHDAY Month/Day/Year			ır				AGE			
TEE SHIRT SIZE (circle)		S I			/1	L	L		XL		2X	3X
ARE YOU A VETERAN? YES NO												
Branch of Service	N			Navy			Marines					
(mark with "X")	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:												

(First)		(1	<mark>Middle Name</mark>)	(Last)	
MEDICAL INFORMATION: Information	provide	d will r	not disqualify you fr	om taking the tri	p. It permits us
to assess the support we need during t	he trip.	Inform	ation is for Honor F	light and Medica	l Personnel
only. Please use the back of this form if	f you nee	ed mor	e space to commer	nt on a medical co	ondition. If you
have concerns regarding any of your m	edical is	sues, v	we strongly advise y	ou to discuss the	trip with your
private physician.					
	Yes	No			
Do you use mobility equipment?			Please check the o Cane□ Walker□		ooter□
Do you have diabetes?			Do you take diabe If yes, injected □		AegNo □
Do you have a history of seizures?			Please describe		
(e.g., grand mal, petit mal, other)			When was your last seizure?		
Do you have any breathing problems?					
bo you have any breathing problems.			Trease describe		
Do you have a history of open head			Have you flown si	nce the problem	occurred?
injuries, sinus problems, or ear			Yes□ No □		
problems? (circle which ones, if any)			If yes, did you hav	e any problems?	Yes No
			If yes, please desc	cribe	
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	. restrict	ions ar	nd/or medical cond	itions that would	limit vour
ability to fulfill the duties of a guardian			.,		, , , ,
,					
MEDICATIONS			_		
Medication Taken Time of Day			Medication Taker	Time of Da	ау
		-			
L					

Please list one (1) Personal Referen	nce:	
Name	Relationship	
Address	City/State/Zip	
Email	Phone	Cell Phone
Emergency Contact (Someone avai	lable the day you trav	vel) DIFFERENT THAN PERSONAL REFERENCE
Name	Relationship	
Address	City/State/Zip	
Email	Phone	Cell Phone
Additional Comments or Concerns PLEASE REVIEW CAREFULLY AND SIGN:	· ·	
The undersigned acknowledges and agrees	that:	
and events, my image may appear in a publ work of the Never Forgotten Honor Flight pall claims and liability relating to said photo	ic forum, such as the medi program. I hereby release t graphs. I hereby give perm p, or other media, to be use	orialize and document Never Forgotten Honor Flight trips a or a website, to acknowledge, promote or advance the the photographer and Never Forgotten Honor Flight from ission for my images captured during Never Forgotten and solely for the purposes of Never Forgotten Honor compensation or ownership thereto.
Honor Flight nor the provider of free privat accept all risk associated with travel and othe flight provider, or any person appearing	e/airline aircraft (the flight ner Honor Flight Network A or quoted in any advertise	rdian and I understand that neither <i>Never Forgotten</i> provider) provides medical care. I understand that I activities and will not hold <i>Never Forgotten Honor Flight</i> , ement or public service announcement for or on behalf of the while participating in the <i>Never Forgotten Honor</i>
	on of the Preflight Dinner.	e) and are required to attend a MANDITORY TRAINING DO NOT SEND A CHECK UNTIL YOUR APPLICATION HAS N.
SIGNED	DATE	
(E-mail applicants will be required to sign pr	ior to actual trip date)	

Please submit this form to:
Never Forgotten Honor Flight, Inc.
Attn: Guardian Application
225780 Rib Mountain Drive #234
Wausau, WI 54401

Beginning May 3, 2023 and beyond, please be aware that Transportation Security Administration will require all air travelers to have an ID that meets "real ID" requirements in order to pass through security and board any commercial aircraft, including Honor Flights. A "Real ID" is a valid Wisconsin Driver's License with aSTAR in the upper right-hand corner; or if you have a current USA passport or Military Retiree ID, they also qualify as a "Real ID".

It currently could take up to 90 days to receive a new "Real ID" driver's license.

Please note: <u>VA medical cards DO NOT meet "Real ID" TSA requirements.</u> For complete information on Real ID Requirements please go to the following web page.

https://www.tsa.gov/real-id

Are you a First Responder? EMT___Paramedic___Firefighter___Police Officer___Nurse___Doctor___