



FOR OLD GLORY HONOR FLIGHT USE ONLY
POST MARK DATE: ____/____/____
Veteran_____

OLD GLORY HONOR FLIGHT GUARDIAN Application

THE HONOR FLIGHT PROGRAM WOULD NOT BE SUCCESSFUL WITHOUT THE GENEROUS SUPPORT OF OUR GUARDIANS. GUARDIANS PLAY A VITAL ROLE BY ENSURING THAT EVERY VETERAN HAS A SAFE AND MEMORABLE EXPERIENCE. GUARDIANS ARE RESPONSIBLE TO PHYSICALLY ASSIST THE VETERANS DURING THE FLIGHT AND DURING THE VISIT TO THE MEMORIALS. ALL GUARDIANS ARE RESPONSIBLE FOR THE PRICE OF THEIR TRIP AT A COST OF \$500.⁰⁰ EACH. CHECKS CAN BE MADE OUT TO THE HONOR FLIGHT NETWORK 30 DAYS PRIOR TO DEPARTURE AND SENT TO ADDRESS BELOW.

FOR FURTHER INFORMATION, PLEASE CONTACT US AT 1-888-6FLY-VET OR VISIT US AT WWW.OLDGLORYHONORFLIGHT.ORG THANK YOU FOR YOUR SUPPORT!

YOUR FULL NAME: _____ NICK NAME? _____
(PLEASE PRINT YOUR FIRST, MIDDLE & LAST NAME)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

EMAIL ADDRESS: _____ AGE: _____ DOB: _____

OCCUPATION _____ ARE YOU A VETERAN? YES _____ NO _____

IF A VETERAN, PLEASE INDICATE BRANCH OF SERVICE, AND WHEN AND WHERE YOU SERVED:

HOW DID YOU LEARN ABOUT THE HONOR FLIGHT ORGANIZATION? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT? _____

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE: _____

PLEASE LIST ONE (1) PERSONAL REFERENCE:

NAME: _____ RELATIONSHIP TO APPLICANT: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PLEASE LIST ONE (1) EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP TO APPLICANT: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE? YES _____ NO _____

IF YES, PLEASE PRINT THE NAME OF THE VETERAN: (NOTE THAT COMPLETED VETERAN APPLICATION MUST BE SUBMITTED SEPARATELY)

ARE YOU ABLE TO LIFT 50 LBS? _____ YES _____

PLEASE IDENTIFY ANY PHYSICAL DISABILITIES, RESTRICTIONS AND/OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN.

PLEASE LIST ALL CURRENT MEDICATIONS, DOSE, & TAKEN HOW OFTEN

1. _____ 2. _____
3. _____ 4. _____

SHIRT SIZE: S, M, L, XL, XXL, XXXL

PLEASE NOTE ANY MEDICAL EXPERIENCE YOU MAY HAVE (DO YOU KNOW CPR; EMT, PARAMEDIC, FIREMAN, TRAINING ETC.)

ADDITIONAL COMMENTS OR CONCERNS REGARDING THE OLD GLORY HONOR FLIGHT:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Honor Flight activities through video, photo, website, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive my rights of compensation or ownership.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the aircraft 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/group for any injuries incurred while participating in the Honor Flight Program. We strongly recommend you discuss this trip with your private physician prior to flight date.
3. I understand that Guardians are responsible for the price of their airfare and expenses. The cost of the trip is \$500.⁰⁰. Checks are payable to 30 days prior to departure. If you able to afford more; it will be used to help sponsor a veteran. Thank you for your generosity and support of this worthy cause.

We could not fly without you!

SIGNED: _____ Date: _____

Please submit this form to:

OLD GLORY HONOR FLIGHT INC.
ATTN: DIANE MACDONALD
4650 W. SPENCER ST
APPLETON, WI 54914

ONCE WE REVIEW THIS INFORMATION YOU WILL BE CONTACTED BY THE OLD GLORY HONOR FLIGHT STAFF TO REVIEW DETAILS AND ANSWER ANY QUESTIONS YOU MAY HAVE.

PLEASE CALL 1-888-6FLY-VET FOR MORE INFORMATION.

revised 11/15/09