



# Franklin County Honor Flight Guardian Application

*Honor Flight* would not be successful without the generous support 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 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 (636) 583-4242 or visit our website at [www.franklincountyhonorflight.org](http://www.franklincountyhonorflight.org). Thank you for your support.

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
(As it appears on your ID for airline travel) (If applicable)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PHONE: DAY:** \_\_\_\_\_ **EVENING:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_

**SHIRT SIZE (please circle):** S M L XL XXL XXXL **CAN YOU LIFT 100 POUNDS?** YES NO

**OCCUPATION:** \_\_\_\_\_

**ARE YOU A VETERAN?** YES NO

If a veteran, please indicate **BRANCH** of service, **WHEN** and **WHERE** you served: \_\_\_\_\_

**EMERGENCY CONTACT** (someone available on the day you travel):

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE: DAY:** \_\_\_\_\_ **EVENING:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

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

Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian: \_\_\_\_\_

Please list any medications being taken and how often: \_\_\_\_\_

Please list any medical experience you may have (e.g., EMT, CPR, Paramed, etc.): \_\_\_\_\_

**PLEASE COMPLETE NEXT PAGE**

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** 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*** program. I hereby release the photographer and ***Franklin County Honor Flight, Inc.*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight*** 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 veteran and I understand that ***Honor Flight*** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Franklin County Honor Flight, Inc.*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**PLEASE SUBMIT THIS COMPLETED FORM TO:**

**Franklin County Honor Flight, Inc.**

**ATTN: Guardian Application**

**PO Box 60**

**Union, MO 63084**

**Or FAX to: (636) 583-4191**

**Or Email to: [Info@FranklinCountyHonorFlight.Org](mailto:Info@FranklinCountyHonorFlight.Org)**