



## GUARDIAN APPLICATION

*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 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. The approximate cost is \$800).** For further information, please contact us at (888) 283-4061 or [www.luvernechamber.com](http://www.luvernechamber.com). Thank You for your support.

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER:   M  F

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(date of birth)

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

1. How did you learn about the Honor Flight organization? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience: \_\_\_\_\_

4. Please list one (1) personal reference:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

6. **DEPARTING AIRPORT: Sioux Falls, South Dakota**

7. Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name the veterans current residence: (Please note that completed veteran application must be submitted separately)  
 Veteran Name \_\_\_\_\_ City/State \_\_\_\_\_
8. Are you able to push a veteran in a wheelchair up a slight incline? \_\_\_\_\_ Yes \_\_\_\_\_ No.
9. Can you lift 100 pounds? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_
12. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

- 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 *Honor Flight* 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.
- I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight 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 appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
- I further understand and agree that it is my responsibility as guardian to pay \$800 to cover my expenses on this Honor Flight Trip. I also agree to remit payment thirty days prior to departure unless other arrangements are made with the Honor Flight Southwest Minnesota Executive Committee.

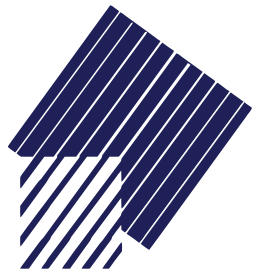
SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (E-mail applicants will be required to sign prior to actual trip date) D M Y

**Please submit this form to:**

**ATTN: Guardian Application**  
**213 East Luverne Street**  
**Luverne, MN 56156**

**Or e-mail to:** [luvernechamber@co.rock.mn.us](mailto:luvernechamber@co.rock.mn.us)  
**Or fax to:** **(507) 283-4061**

*Flight Sponsors:*



**SOUTHWEST INITIATIVE  
 FOUNDATION**

