

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

Honor Flight-Wyoming **GUARDIAN APPLICATION**

Honor Flight-Wyoming would not be possible without the generous support of our guardians. Guardians play a significant role on every trip, assisting Honor Flight-Wyoming in doing everything reasonably possible to assure every veteran that the experience will be both enjoyable and memorable. Duties include, but are not limited to, physically assisting to the best of your ability the Veterans at departure/return, the airport, during the flight, at the hotel and at the memorials. Guardians should be able to lift 50 pounds with no assistance. Guardians commonly have made a donation of \$800.00 to help defray some costs of the trip since Honor Flight-Wyoming is paying all of the Guardians' travel expenses, lodging and meals, though they are responsible for other incidentals. Donations are income tax deductible as allowed by applicable IRS laws and regulations. A donation will only be accepted if and when each Guardian has been selected and agrees to serve on a specific flight, and ordinarily it cannot be refunded once commitments are made. Honor Flight-Wyoming pays all travel expenses, lodging and meals. Guardians are responsible for other incidentals.

Guardians must be at least 18 years of age and not over 70 years of age, unless approved by Honor Flight-Wyoming.

All guardians are required to attend a training session of 3-4 hours prior to the trip.

YOU MUST PROVIDE YOUR FULL NAME AS IT APPEARS ON YOUR GOVERNMENT ISSUED ID AND YOUR DATE OF BIRTH FOR TSA REQUIREMENTS.

GUARDIAN INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ NICKNAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____

(MM/DD/YYYY)

SEX: Male Female T-SHIRT SIZE: S M L XL XXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Daytime: _____ Evening: _____

Cell: _____ E-MAIL: _____

(You must have an email address or have access to email so that we can contact you.)

Personal Reference

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Daytime: _____ Evening: _____

Cell: _____ E-MAIL: _____

EMERGENCY CONTACT INFORMATION (someone we can contact when you travel):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: Daytime: _____ Evening: _____

Cell: _____ E-MAIL: _____

ADDITIONAL GUARDIAN INFORMATION

Occupation: _____

List any medical experience or training that you have (e.g., EMT, CPR, Paramedic, etc.):

Are you a veteran? Yes No

If yes, please indicate your BRANCH of service and WHEN and WHERE you served:

List any prior relevant experience: _____

Do you have any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a guardian? Yes No

If yes, please identify the condition: _____

Do you have any drug allergies? Yes No If yes, to what? _____

Are you a relative or a personal friend of a veteran traveling on this Honor Flight trip?

Yes No

If yes, what is that veteran's name? _____

(Note: A separate Veteran Application must also be submitted.)

Why are you volunteering to be an Honor Flight Guardian? _____

PLEASE REVIEW CAREFULLY AND SIGN:

Video and still photography will be used to memorialize and document the trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our web site. By signing below, you release the photographer and Honor Flight Wyoming from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of Honor Flight Wyoming promotional material and publications and you waive any rights to compensation and ownership thereto.

By signing below, you also affirm that you understand medical expenses will be your responsibility and Honor Flight - Wyoming will not provide you any medical care. Too, you understand that you, having indicated an interest in going and having voluntarily joined the group of veterans and other Guardians to make this trip, accept all travel and other risks incident to it and all activities in anywise related, and you expressly promise that neither you, your heirs nor legal representatives will make any liability, injury or damage claims of any sort or kind against Honor Flight-Wyoming and those individuals and companies associated with it for any misfortunes that may arise.

You also confirm your understanding of the physical activity that may be required during the trip. This may include helping veterans up and down steps and over obstacles, pushing a veteran in a wheelchair for up to a mile, handling baggage, and other activities that you may be called on to perform.

You further understand that your primary concern will be the safety and well being of the veterans traveling on the trip. This is not a trip for your own personal sight seeing or visiting with and escorting any specific individual. You will be under the direction of the Honor Flight Wyoming officers responsible for the trip. You will be acting under the direction and control of Honor Flight - Wyoming and its officers that have arranged the trip.

The Honor Flight trip begins and ends at locations designated by Honor Flight-Wyoming and all Guardians are expected to participate in the entire trip.

Guardian's Signature: _____ Date: _____

NOTE: You may fold this application so that the address below appears on the outside, add your return address, a stamp, secure with tape and drop it in the mail.

Please mail to:

**Honor Flight Wyoming
P.O. Box 1143
Cheyenne, WY 82003**