



L N: _____

D R: _____

Guardian Application

Honor Flight Tucson (dba **Honor Flight Southern Arizona**) would not be successful without the generous support of our guardians. Guardians play an important role to ensure that every veteran has a **safe** and memorable trip. You will be physically assisting the veterans at the airport, during the flight and with the general navigation of the memorials. Guardians are also responsible for their own expenses for the trip including airfare. For further information, please contact **Honor Flight Southern Arizona** at 520-204-1391 or visit us on the web at: www.honorflightsaz.org

DATE: ____/____/____

NAME: _____ NICK NAME _____
(As it appears on your driver's license or government I.D.)

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

PHONE: _____ ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

AGE: _____ DOB: _____ GENDER M F (Circle one)

OCCUPATION: _____ ARE YOU A VETERAN? Yes No

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

1. How did you learn about *Honor Flight*? _____

2. Please list any organizations you belong to such as VFW, American Legion, Elks, DAR etc.

3. Please list any prior volunteer experience. _____

4. Please list one (1) personal reference

Name: _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Phone Numbers: Day _____ Evening _____

5. Please list one (1) Emergency Contact

Name: _____ Relationship _____

Address: _____

City _____ State _____ Zip _____

Phone Numbers: Day _____ Evening _____

Please complete page 2

Guardian Application

6. Are you requesting to travel with a specific veteran? _____ YES _____ NO

(If YES) Name of veteran? _____

(Have they submitted their veteran application?) YES ___ NO ___ (NOTE: All veterans must submit an application)

7. Are you able to push a wheelchair up an incline? YES _____ NO _____

8. Can you lift 100 pounds? YES ___ NO _____

9. Please identify any physical disabilities, restrictions, and/or medical condition that would limit your ability to perform the duties of a guardian? _____

10. List any medications be taken and how often.

11. Men's T-Shirt Size (circle one) S M L XL XXL XXXL

12. Please note any medical experience you may have (e.g. EMT, CPR, Paramedics, etc.):

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 Southern Arizona** or **Honor Flight Tucson** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, and promote the work of the program. I hereby release the photographer and **Honor Flight Southern Arizona** or **Honor Flight Tucson** from all claims and liability relating to said photographs. I hereby give permission for my images captured during activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Southern Arizona** or **Honor Flight Tucson** promotional material and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the guardian and I agree to indemnify and hold harmless **Honor Flight Southern Arizona** or **Honor Flight Tucson**, its agents and Board of Directors, from any and all liability arising out of or in consequence of, or injury sustained as a result of, any activity connected with myself or my child(ren) while participating in the Honor Flight Program.

SIGNED* _____ Date _____
(E-mail applicants must sign prior to providing volunteer services)

**If under 18, parent/guardian must also sign and date below:*

Parent/Guardian _____ Date _____

Please submit this form to:

Attn: **Guardian Application**
Honor Flight Southern Arizona
PO Box 32649
Tucson, AZ 85751

Email: guardian@honorflightsaz.org
Phone: (520) 204-1391
Fax: (520) 306-5100