

Honor Flight Use Only: Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_



# Lone Eagle Guardian Application

**Please Note: Guardians cannot be a spouse/significant other and should be one generation removed from the veteran**

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 physically assisting the veterans at the airport, during the flight, and at the memorials. **Guardians are also responsible for a donation of \$600 to partially cover their own expenses (airline, hotel, etc.).** For Hawaii Guardians: Fee is \$750 because we have two extra hotel nights during our travel. Thank you for your support.

YOUR NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
(Use your **full name** as it appears on your driver's license or government ID) (Used Daily)

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

GENDER (circle one): M F SHIRT SIZE:(S M L XL XXL XXXL) \_\_\_\_\_

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

ARE YOU A VETERAN? Y N If YES, Branch of Service and When &Where you served? \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (Someone available when you travel)

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

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

Please identify the city(ies) which you would be able to fly from as a guardian.

City(ies) \_\_\_\_\_

Are you requesting to travel with a specific Veteran? Yes: \_\_\_\_\_

Name of Veteran: \_\_\_\_\_

If yes, Guardian application must be on file before Veteran is notified of flight date. (Please note that a completed Veteran application must be submitted also.)

Are you able to push a Veteran in a wheelchair up a slight incline? \_\_\_\_ Yes \_\_\_\_ No

Are you able to walk 7 miles, while pushing your assigned veteran in a wheelchair throughout a 10-12 hour day? \_\_\_\_ Yes \_\_\_\_ No

Can you assist your veteran in standing back up if he/she should fall? \_\_\_\_ Yes \_\_\_\_ No

Please identify any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. **Because this is a physically demanding trip, all guardians are subject to a medical check by our team to ensure they can care for the veteran during his/her flight weekend**

**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 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.

2. 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.

3. Guardian agrees to attend a MANDATORY guardian training prior to traveling to Washington D.C. Training will review the planned events of the weekend, as well as safety and comfort measures in place to take care of our veterans. Training usually occurs one to two weeks prior to flight. Dates will be provided upon confirmation on flight. Guardians understand that if they do not attend training, they will not be able to travel on flight with the veteran.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Submit form to:** Bobbie Bradley  
52666 Buckhorn Rd  
Three Rivers, MI 49093

**Or Email to:** [LEapplications@honorflight.org](mailto:LEapplications@honorflight.org)  
**Or Fax to:** 318-314-2032