

GUARDIAN APPLICATION # _____

Honor Flight Maryland would not be successful without the generous support of our guardians. Guardians play a significant role on every trip by ensuring that every Veteran has a safe and memorable experience. Guardian duties include physically assisting Veterans at the on the bus, hotel and memorials. For further information, please contact us at (443) 873-0874 or visit us at www.HonorFlightMD.org. Thank you for your support.

GUARDIANS ARE RESPONSIBLE FOR THEIR OWN EXPENSES

We will arrange your trip & hotel. Meals at hotel are included.

You will also receive a Guardian T-shirt.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

(PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE OR GOVERNMENT ID)

NICK NAME: _____ (If Applicable) GENDER: M F

ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____ HOME

PHONE: (_____) _____ CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____ DOB: _____ AGE: _____

YOU MUST BE AT LEAST 18 YEARS OLD OR ACCOMPANIED BY YOUR PARENT, ADULT FAMILY MEMBER OR GUARDIAN

OCCUPATION: _____ TEE SHIRT SIZE: S M L XL XXL XXXL

ARE YOU A VETERAN? **YES NO** BRANCH OF SERVICE: MARINES - ARMY - NAVY - AIR FORCE- COAST GUARD

WHEN: _____ WHERE: _____

IS THERE A VETERAN IN WHICH YOU ARE VOLUNTEERING FOR: **YES NO**

NAME OF VETERAN: _____

HAS THE VETERAN APPLIED? **YES NO** (THE VETERAN MUST COMPLETE THE VETERAN APPLICATION)

WHICH LOCATION ARE YOU VOLUNTEERING FOR? _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT? _____

PLEASE LIST PRIOR VOLUNTEER EXPERIENCE: _____

PLEASE LIST ONE PERSONAL REFERENCE

NAME: _____ RELATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

PLEASE COMPLETELY ANSWER THE FOLLOWING

ARE YOU ABLE TO PUSH A PERSON IN A WHEELCHAIR UP A SLIGHT INCLINE? **YES NO**

PLEASE COMPLETE SECOND PAGE Scan Entered E/M P/C C

HONOR FLIGHT USE ONLY: NAME: _____ **DATE RECEIVED:** _____

ARE YOU ABLE TO LIFT 100 POUNDS? **YES NO**

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 LIST: _____

ARE YOU TAKING MEDICATION? **YES NO** (IF YES, PLEASE LIST BELOW)

<u>MEDICATION</u>	<u>DOSE & HOW OFTEN?</u>	<u>MEDICATION</u>	<u>DOSE & HOW OFTEN?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE ANY EXPERIENCE IN THE MEDICAL FIELD? **YES NO** (RN, EMT, PARAMEDIC, PHARMACIST, CPR, ETC.)

IF YES, PLEASE LIST: _____

ADDITIONAL COMMENTS OR CONCERNS: _____

PLEASE REVIEW CAREFULLY BEFORE SIGNING

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, guardian or volunteer 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.

SIGNATURE: _____ DATE: _____

(E-MAILED APPLICANTS MUST SIGN PRIOR TO ACTUAL TRIP)

PLEASE SUBMIT FORM TO:

HONOR FLIGHT MARYLAND, INC.
Post Box 174
Riderwood Maryland 21139
(443) 873-0874
APPLICATIONS@HONORFLIGHTMD.ORG

Form Effective Date 6/2018

PLEASE COMPLETE SECOND PAGE