

HONOR FLIGHT OF MIDDLE TENNESSEE 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. Our goal is to seat as many veterans as possible on each flight.

In order for your application to be approved, the veteran you are assisting must be interviewed by our flight nurses to determine their physical health / mobility. If the veteran is going to require a wheel chair for the day, your application will be reviewed for approval. If the veteran will be able to walk with no assistance then a board member of the Honor Flight will assist the walking veteran (s). This will insure that more veterans are able to take the trip. If your application is approved your duties will include, but not limited to physically assisting the veterans at the airport(s), during the flight and at the memorials.

Guardians are also responsible for their own expenses. \$450 is your cost for the trip which includes air fare, bus and meals. For further information, please contact Lana Bradford (931 434-5664 cell) or (931 455-3488 work) or email lbradford@ctcbonline.com.

DATE: ___/___/2019

NAME: _____

As it appears on your ID for airline travel

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE HOME _____

PHONE CELL _____

PHONE WORK _____

EMAIL ADDRESS: _____

DATE OF BIRTH _____

OCCUPATION: _____

ARE YOU A VETERAN? YES OR NO

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

- How did you learn about the Honor Flight organization?

- Why are your volunteering for Honor Flight? _____

- _____

Please list any prior volunteer experience. _____

Please list one (1) personal reference Name: _____

Address _____

Relationship _____

Home Phone _____ Cell _____ Work _____

Please list one (1) Emergency Contact: Name _____

Address: _____

Relationship to Guardian: _____

Home Phone _____ Cell _____ Work _____

Are you requesting to travel with a specific veteran? Yes or No

If yes please list the name of the veteran: _____

Can you lift up to 100 pounds (also assist in lifting your veteran) Yes or No

Can you push a wheelchair up an incline with your veteran seated? Yes or No

Can you push/hold on to a wheelchair with your veteran seated on a decline? Yes or No

Please identify any physical disabilities, restriction and/or medical conditions that would limit your ability to fulfill the duties as a guardian. Also, please list any medications being taken and how often: Upon receipt of this application to Lana Bradford, it may require a flight nurse review medications listed to determine if a phone interview would be necessary to determine physical ability to perform duties as guardian.

Please note any medical experiences you may have: (example, EMT, CPR, Paramedics),

TEE Shirt Size (S, M, L, XL, XXL, XXXL)

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 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 Flights 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 Honor Flight does NOT provide medical care. I understand and accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight Program.

PLEASE SIGN AND DATE _____ DATE _____

PLEASE SUBMIT TO: HONOR FLIGHT OF MIDDLE TENNESSEE P O BOX. 1926

TULLAHOMA, TN 37388. *The only way you are assured to go on this trip is if your \$450 accompanies this application and it's approved by Lana Bradford.*

Revised 11/06/2018