

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.

We suggest that you scroll down and look at what information will be needed before you start filling this out.

- **Requirements of being a guardian:**

- You need to pay for your trip. The current cost is \$450 which covers air and land transportation, food, flight bag, hat, and shirt.
- **You cannot be a veteran's spouse or significant other.** You must be 18-65 years old or must get Honor Flight of Middle Tennessee board approval.
- Your responsibility on the trip is to assist your veteran with whatever they need which may include pushing your veteran in a transport chair up to 7 miles during a single day.
- You must be in good physical health, have good eyesight and hearing and be able to walk and lift 80lbs.
- You will be part of a team along with the other guardians who will help veterans get on and off the bus and help load equipment on and off the bus. You will be part of a "bucket brigade" so you will need to be agile, mobile, able to squat, and able to lift 80 lbs.

**I have read the above requirements of being a guardian and I meet those requirements.
(If you choose "No" you will get an opportunity to explain)***

Please initial YES_____ NO_____

Today's Date:_____

DATE: ___/___/___

NAME: First: _____ Middle: _____ Last: _____ Suffix: _____
As it appears on your ID for airline travel

Please provide a copy of the same photo ID that you will show at the airport with this application.

PREFERRED NAME FOR NAMETAG: _____
ADDRESS: _____
CITY _____ STATE ___ ZIP CODE _____
CELL PHONE _____
ALT. PHONE _____
Type _____
EMAIL ADDRESS: _____
DATE OF BIRTH _____
Gender: **M F**
OCCUPATION: _____

Please list one (1) Emergency Contact: Name _____
Address: _____
Relationship to Guardian: _____

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 you volunteering for Honor Flight? _____
 - Please list any prior volunteer experience _____
- _____

Please list one (1) personal reference

Name: _____
Address _____
Relationship _____
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 80 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, a flight nurse will review medications and limitations 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, Paramedic, etc.)

Men's T-Shirt Size: S, M, L, XL, XXL, XXXL

PLEASE CAREFULLY REVIEW 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.
3. The Veteran/Guardian agrees to indemnify and hold the Honor Flight of Middle Tennessee and its board members harmless from and against any and all claims, liability, loss, expenses, suits, damages, judgments, demands, and costs (including reasonable legal fees and expenses) arising out of (i) the acts or omissions of Honor Flight of Middle Tennessee or its board members in connection with Honor Flight or related events; or (ii) any accident, injury or death to persons, or loss of or damage to property, or fines and penalties which may result, in whole or in part, on a Honor Flight or related events
4. I understand that the Honor Flight of Middle Tennessee Board has the right to deny any application at the Board's discretion.

PLEASE SIGN AND DATE _____ DATE _____

(Please put a e-signature acknowledgement for this portion)

Guardians are also responsible for their own expenses.

Upon selection as a guardian you will be notified of your flight date. At this time you are responsible to pay the \$450.00 Guardian Fee. Your approval is not complete until the fee has been received.

For further information, please contact Trey Brannom at HonorFlightMidTNGuardian@protonmail.com.