

PSHF ONLY: Last name _____ Date received: _____

Name of Veteran Accompanying, if Applicable: _____



Guardian Application

Puget Sound 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 veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, hotel, etc.). For further information, please contact us at 253-303-1130 or visit our website at www.pugetsoundhonorflight.org. Thank you for your support.

Name: _____ Nickname: _____
(As it appears on your driver's license or government ID.) (If Applicable)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Day phone: _____ Evening: _____ Mobile: _____

Date of birth (Month/Day/Year): _____ / _____ / _____ Age: _____

Email: _____

Gender: M F Occupation: _____

Are you a veteran? Yes No

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

1. How did you learn about Puget Sound Honor Flight? _____

2. Why are you volunteering for Puget Sound Honor Flight? _____

3. Please list any prior volunteer experience: _____

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4. Please list one (1) personal reference:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening: _____ Mobile: _____

Email Address: _____ Age: _____ DOB: _____

Gender: M F Occupation: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Evening: _____ Mobile: _____

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

7. Are you requesting to travel with a specific veteran, if possible? Yes No

If yes, please name the veteran: (Please note that completed veteran application must be submitted separately) _____

8. Are you able to push a veteran in a wheelchair up a slight incline? Yes No

9. Can you lift 100 pounds? Yes No

10. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often.

11. T-Shirt Size: S M L XL XXL XXXL

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

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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 guardian 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*: _____
(*E-mail applicants will be required to sign prior to actual trip date)

Date: ____/____/____
Month Day Year

Please submit this form to:

Puget Sound Honor Flight
Attn: Guardian Application
PO Box 434
Grapeview, WA 98546

Or email to: Applications@pugetsoundhonorflight.org