

FOR HONOR FLIGHT USE ONLY L.N.: \_\_\_\_\_ D.R.: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Guardian Application

*Honor Flight Northern Arizona* 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, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (air fare, accommodations, meals, transportation, etc.). For further information, please contact us at (928) 778-9421 or visit us at [www.honorflightnaz.org](http://www.honorflightnaz.org). Thank you for your support.

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (IF APPLICABLE)

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

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

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

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES  
\_\_\_\_\_ 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: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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)

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

Can you lift 100 pounds? \_\_\_\_\_ Yes \_\_\_\_\_ No

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

Please note any medical experience you may have (e.g., Nurse, Doctor, EMT, CPR, Paramedic) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Northern Arizona* 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 Northern Arizona* program. I hereby release the photographer and *Honor Flight Northern Arizona* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight Northern Arizona* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight Northern Arizona* 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 Northern Arizona* 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 Northern Arizona*, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of *Honor Flight Northern Arizona* responsible for any injuries incurred by me while participating in the *Honor Flight Northern Arizona* program.

SIGNATURE \*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail applicants will be required to sign prior to actual trip date) D M Y

\* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
PARENT/GUARDIAN D M Y

**Please submit this form to:**  
**Honor Flight Northern Arizona**  
**ATTN: Guardian Application**  
**PO Box 12258**  
**Prescott, AZ 86304**  
**Or fax to: (928) 441-0608**