



FRANKLIN COUNTY HONOR FLIGHT GUARDIAN APPLICATION

Date Received _____

Honor Flight would not be successful without the generous support of guardians who play a significant role on every trip ensuring that every veteran has a **safe** and memorable experience. Duties include—but are not limited to—interviewing and getting to know your veteran(s) before the trip, and assisting your veteran(s) throughout the day during travel and at the memorials. Guardians pay their own expenses (airline fare, meals, etc.) to FCHF in advance. For further information, please contact Jim at (314) 302-3858 or visit www.fchonorflight.org. Thank you for your support.

LAST NAME: _____ **FIRST** _____ **MI** _____ **NICK NAME** _____

(As it appears on your ID for airline travel)

GENDER _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

PHONE: DAY: _____ **EVENING:** _____ **CELL:** _____

E-MAIL ADDRESS: _____ **DATE OF BIRTH:** ____/____/____

SHIRT SIZE (please circle): S M L XL 2XL 3XL **CAN YOU LIFT 100 POUNDS?** YES NO

OCCUPATION: _____

Are you a veteran? YES NO If yes, please indicate BRANCH of service, WHEN and WHERE you served:

EMERGENCY CONTACT (someone available on the day you travel):

NAME: _____ **RELATIONSHIP:** _____

PHONE: DAY: _____ **EVENING:** _____ **CELL:** _____

Are you requesting to travel with a specific veteran, if possible? YES NO. If yes, please name the veteran: (Please note, a completed veteran application must be submitted separately.) _____

Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian: _____

Please list any medications being taken and how often: _____

Please list any medical experience you may have (e.g., EMT, CPR, Paramedic, etc.): _____

Are you interested in other volunteer duties? YES NO **Volunteer Skills:** _____

PLEASE COMPLETE NEXT PAGE

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 *Franklin County Honor Flight, Inc.* 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 and I understand that *Honor Flight* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Franklin County Honor Flight, Inc.* responsible for any injuries incurred by me while participating in the *Honor Flight* program

SIGNED: _____ **DATE:** ____/____/____

Please fill out completely, sign and then mail, email or fax to:

Rosalie McGaugh
311 Madelyn Ct
Washington, MO 63090
Phone: 636-390-1802
Fax: 888-583-1003
Email: mccaughr@swbell.net