



KANSAS HONOR FLIGHT, INC.



AN HONOR FLIGHT NETWORK HUB

P.O. Box 2371; Hutchinson, KS 67504-2371

www.KansasHonorFlight.org ★ 620-546-2400 ★ info@KansasHonorFlight.org

FOR KANSAS HONOR FLIGHT USE ONLY: Last Name: _____ Date Receive ____/____/____

Guardian Application

The **Honor Flight Network** wouldn't 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. Next generation family members (ages 18 – 70) may serve as guardians, as long as they can perform the duties, however spouses of Veterans may **not** go on the trips unless they are also a Veteran or if medical need is mandated. Exceptions are handled on a case-by-case basis (wheelchair, blind, vertigo, Alzheimer's, etc.) and doctor verification may be required. Guardian duties include, but are not limited to, travel to and from airport, and physically assisting the Veterans at the airport, during the flight and at the memorials. Guardian contributions cover all expenses (airline fare, hotel, meals, and ground transportation).

If the guardian is unable to attend, incurred expenses are non-refundable.

For further information, please contact us at **(620) 546-2400** or e-mail us at info@KansasHonorFlight.org or visit our website at www.KansasHonorFlight.org

PLEASE PRINT CLEARLY

TODAYS DATE ____/____/____

YOUR INFORMATION (please copy this information from your driver's license or state-issued ID)									
FIRST			MIDDLE			LAST			
NAME TO BE USED ON NAME TAG					GENDER: M - F <small>Circle one</small>				
WEIGHT lbs.		BIRTHDAY Month/Day/Year			AGE	T-SHIRT SIZE		M - L - XL - 2XL - 3XL <small>Circle one</small>	
ADDRESS									
CITY				STATE			ZIP		
PHONE DAY			EVENING			CELL			
EMAIL ADDRESS (if applicable)									
HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____									
OCCUPATION									
EMPLOYER									
ARE YOU A VETERAN? YES NO (circle one)				BRANCH OF SERVICE			YEARS SERVED		
SERVICE HISTORY: WAR (Conflict): _____									

PERSONAL REFERENCE									
NAME					RELATIONSHIP				
ADDRESS									
CITY			COUNTY			STATE		ZIP	
PHONE DAY		EVENING			CELL				
EMAIL ADDRESS									

EMERGENCY CONTACT INFORMATION										
NAME						RELATIONSHIP				
ADDRESS										
CITY				COUNTY			STATE		ZIP	
PHONE	DAY			EVENING			CELL			
EMAIL ADDRESS										
How did you learn about the Honor Flights organization? _____										
Why are you volunteering for Honor Flights? _____										
Please list any prior volunteer experience? _____										
Are you requesting to travel with a specific Veteran, if possible? (circle one) YES NO										
If YES , Veteran's name/Relationship: _____ (Please note that a completed "Veteran Application" must be submitted separately)										
Can you lift 100 pounds? (circle one) YES NO					Can you push a wheelchair one (1) mile? (circle one) 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. Attach additional sheet.										
Please note any medical experience you may have (EMT, CPR, Paramedic, etc.): _____										

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 hereto.

(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 **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

Signed: _____ Date _____ / ____ / ____
Month Day Year

Mail this Guardian Application to:
Kansas Honor Flight, Inc. - P.O. Box 2371 Hutchinson, KS
 67504-2371 – or E-mail to: application@kansashonorflight.org
ALL DONATIONS ARE WELCOME

Kansas Honor Flight, Inc. is a 501(c)3 tax-exempt non-profit organization. A letter acknowledging the generous donation will be mailed to the designated donor. All programs and services of Kansas Honor Flight, Inc. are offered on a non-discriminatory basis without regard to race, color, national origin, age, marital or family status, disability, or political beliefs.