

Kansas Honor Flight Guardian Application Form

The Kansas 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. Next generation family members (ages 18 – 70) may serve as guardians, as long as they can perform the duties, however spouses or “significant others” 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. Guardian Contributions are not paid until the guardian is confirmed for a specific flight.

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 KansasHonorFlight.org.

NOTE: AS OF OCTOBER 1ST, 2021, ANYONE GOING ON A KANSAS HONOR FLIGHT WILL BE REQUIRED TO HAVE A VALID "REAL ID" IN ORDER TO TRAVEL BY AIR. THIS IS A DEPARTMENT OF HOMELAND SECURITY REQUIREMENT. For more information about this, visit the DHS website at <https://www.dhs.gov/real-id>.

Applicant Information:

(As appears on photo i.d. or driver’s license)

First Name: _____

Middle Name: _____

Last Name: _____

Name to be used on Badge: _____ Gender: _____

Birthdate: Month: _____ Day: _____ Year: _____ Age: _____

Phone (Day): _____

Phone (Evening): _____

Phone (Mobile): _____

Email: _____

Mailing Address: _____

Physical Address: _____

City: _____

State: _____ Zip: _____ County: _____

Emergency Contact:

First Name: _____ Middle Name: _____

Last Name: _____

Relationship: _____

Phone (Day): _____

Phone (Evening): _____

Phone (Mobile): _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Contact:

First Name: _____ Middle Name: _____

Last Name: _____

Relationship: _____

Phone (Day): _____

Phone (Evening): _____

Phone (Mobile): _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a veteran? No: _____ Yes: _____ Dates of Service & Branch: _____

Personal Reference (Required if assisting someone other than a family member)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Medical Info:

General

Weight: _____ Height: _____

Medications: _____

Does Applicant have any condition(s) or circumstances which might limit your ability to travel with a commercial airline, or could limit their ability to physically participate in this event?

Can You Lift 100 lbs? Yes: _____ No: _____

Can you push a wheelchair one (1) mile? Yes: _____ No: _____

Surgeries: _____

Medical Comments: _____

Allergies

Does Applicant have Drug Allergies? Yes: _____ No: _____

Drug Allergy Info: _____

Does Applicant have Food Allergies? Yes: _____ No: _____

Food Allergy Info: _____

Diet

Does Applicant require a special diet? Yes: _____ No: _____

Special diet Info: _____

Does Applicant use Insulin? Yes: _____ No: _____

How is Diabetes controlled? (Insulin or Pills): _____

Please note any medical experience you may have (EMT, CPR, Paramedic, etc.):

Additional Information

Occupation or Former Occupation _____

T-Shirt Size: _____ (M-L-XL-2XL-3XL-4XL)

Do you have a specific veteran you wish to travel with? No: _____ Yes: _____

Name of Veteran: _____

Relationship: _____ Phone Number: _____

Prior Volunteer experience: _____

Remarks/ Comments: _____

How did you hear about Honor Flight? _____

(1) 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 guardian 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.

Signature: _____ Date: _____

Kansas Honor Flight, Inc. - P.O. Box 2371 Hutchinson, KS 67504-2371 – or E-mail to:
application@kansashonorflight.org

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.