



Kansas Honor Flight Guardian Application Form

(rev 6-1-2021)

Veterans requiring special assistance must have a Guardian accompany them for their trip. A Guardian can be any friend or family member, with the exception of spouses. It is national Honor Flight policy that spouses are ineligible to accompany veterans as Guardians, unless the spouse is also a qualified veteran (fitting the same qualifications for time and service period as the veteran going on the flight).

Guardians play a significant role on every Kansas Honor Flight, 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 must be between 18 and 70 years of age and able-bodied. Guardians are also responsible for their own expenses (airline fare, etc.). The current cost for a Guardian to take the three day trip is \$800, and includes air 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 KansasHonorFlight.org.

NOTE: AS OF May 3, 2023, 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>.

Guardian Information *(As it appears on your photo i.d.)*

First Name _____ Middle Name _____

Last Name _____

Name to be used on Name Badge _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Daytime Phone: _____ Evening Phone: _____ Mobile: _____

Email: _____

Service History

Are you a Veteran? Yes: _____ No: _____

Emergency Contact

The Emergency Contact should be someone available on the day of the trip.

First Name: _____ Last Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____ Email: _____

Medical Information

(Attach any additional medical information on a separate sheet to the back of this form if necessary)

What is your weight? _____ What is your height? _____

Medications

Do you have any drug allergies? Yes _____ No _____

If Yes, describe: _____

Do you have any food allergies? Yes ____ No ____

If Yes, describe: _____

Do you have a history of seizures? Yes ____ No ____

If Yes, describe: _____
When was your last seizure? _____

Are you claustrophobic? Yes ____ No ____

Are you visually impaired? Yes ____ No ____

Are you deaf or hard of hearing? Yes ____ No ____

Do you have a urostomy, colostomy, or urinary catheter? Yes ____ No ____

If Yes, describe: _____

Do you use insulin? Yes ____ No ____

If Yes, how is it controlled? (Insulin or Pills) _____

Do you wear or have a heart pacemaker implanted? Yes ____ No ____

Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?

(Attach additional conditions on a separate sheet to the back of this form if necessary)

Do you require a special meal? Yes ____ No ____

If yes, describe: _____

Additional Information

T-Shirt Size: Circle One: (M—L—XL—2XL—3XL—4XL—5XL)

Are you willing to assist all veterans, and are you willing to push any wheelchair? Yes: ____ No: ____

Can you lift 100 pounds? Yes ____ No ____

Are you requesting to travel with a specific veteran, if possible? Yes: ____ No: ____

If yes, enter Veteran's first, middle and last name

First Name _____ Middle Name _____

Last Name _____

Your occupation: _____

Please list any prior Volunteer experience: _____

Remarks / Comments: _____

How did you hear about Honor Flight? _____

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.

Your signature grants us the right to share your information with our volunteer medical, flight and administrative staff.

Print your name _____

Signature: _____

Date: _____ / _____ / _____

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

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