

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____ DATE RECEIVED: _____



HONOR FLIGHT BAY AREA GUARDIAN APPLICATION

The Bay Area Honor Flight Foundation (herin '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.

Guardian Duties/Responsibilities include:

- must not be the veteran's spouse.
- must be at least 18 and no more than 64 years of age. Guardians over the age of 64 may be assigned based on a satisfactory medical review by our staff.
- must be physically fit enough to assist their veteran in and out of a wheel chair at the airport, during the flight and in/out of our tour bus at the memorials (estimated 7 miles of walking over the course of two days).
- must attend a mandatory training session learning and accepting guardian roles and responsibilities.
- must know the veteran's medication needs and assure meds are taken as required by the veteran's medical care provider.
- will share a room in our Washington DC area hotel with his/her assigned veteran, or with another person.
- are required to pay for their trip by making a tax deductible, non-refundable donation in the amount of \$1000 to Honor Flight Bay Area Foundation. Payment is due 30 days prior to the flight.

For further information, please contact us at 408.499.1739 or visit www.honorflightbayarea.org.

FULL LEGAL NAME: _____ NICK NAME: _____
(As it appears on your driver's license or government ID.) (IF APPLICABLE)

ADDRESS: _____ CITY _____ STATE _____ ZIP: _____

PHONE: DAY: _____ EVENING _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____ GENDER: M F

OCCUPATION: _____ ARE YOU A VETERAN? YES NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____
2. Why are you volunteering for Honor Flight? _____
3. Please list any prior volunteer experience: _____
4. Please list one (1) personal reference:
5. Name: _____ Relationship to applicant _____
6. Address: State/Zip: _____
7. E-Mail Address: _____
8. Phone Day: _____ Evening: _____

9. Please list one (1) emergency contact:

10. Name: _____ Relationship to applicant _____

11. Address: _____ City/State/Zip: _____

12. E-Mail Address: _____

13. Phone Day: _____ Evening: _____ Mobile: _____

14. Please identify the airports from which you would be able to fly as a Guardian (i.e. SFO, Oakland, San Jose) Airports:

15. 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)

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

17. Can you lift 100 pounds? _____ Yes _____ No

18. 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. _____

19. T-Shirt Size: (S, M, L, XL, XXL, XXXL): _____

20. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics):

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 thereto.
2. I further state that medical insurance is the responsibility of the veteran. I understand and I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight, the airlines, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any Honor Flight activity.
4. Without limiting the foregoing, I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization; COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact; and as a result, federal, state, and local governments have prohibited or discouraged the congregation of groups of people. Furthermore, I understand COVID-19 is particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although Honor Flight is taking precautions to reduce the spread of COVID-19 during our events, it cannot guarantee and has not guaranteed I will not become infected with COVID-19. Further, I understand attending an event could increase my risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I might be exposed to or infected with COVID-19 by attending an event.

SIGNATURE : _____ DATE: ___/___/___

Note: Applicants will be required to sign an additional covenant prior to actual flight date DD MM YY

Please submit this form to:

**Honor Flight Bay Area Foundation
c/o General Electric m/c HFBAF
1990 Little Orchard St
San Jose, CA 95125**