



Southwest Florida Honor Flight

Guardian Application

Mail this form to: SWFL Honor Flight
Attn: Guardian Applications
PO Box 490565, Port Charlotte, FL 33949

GUARDIAN REQUIREMENTS: Southwest Florida Honor Flight is successful because of the efforts and support of our Guardian Escorts. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Guardians must be at least 18 years of age and able to handle the rigors of the day. Duties include, but are not limited to, physically assisting the Veterans throughout the trip. There is a guardian fee required (see reverse side). Thank you for your support of our Heroes!

YOUR INFORMATION

Your Full Name _____ Badge Nickname _____
(for airline security and travel purposes, name information must match your driver's license or state-issued picture identification. Please be sure your ID has not expired!)

Street Address _____ City _____

County _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____ Birthdate (mm/dd/yyyy) _____

T-Shirt Size S M L XL XXL XXXL Gender: Male Female

Weight *(must have for airline manifest)* _____ lbs.

Are you currently Active Duty? Yes No Are you a Veteran? Yes No

Military Branch: ARMY NAVY AIR FORCE MARINES COAST GUARD

(Current Active Duty OR Veterans - please circle the branch (or branches) you serve or have served in)

Rank _____ Service Dates: From _____ To _____ Are you currently Employed? Yes No

Employer _____ Work Phone _____

City _____ State _____

If retired, previous occupation: _____

Are you a Snowbird? Yes No Dates: From _____ To _____

Are you a medical professional? Yes No
If yes, please indicate: MD, ARNP, RN, PA, EMT, Paramedic, etc.: _____

How did you hear about Volunteering for Southwest Florida Honor Flight? _____

Why are you interested in being a Guardian? _____

Have you been a previous Guardian? Yes No If Yes, Hub and Flight Date(s) _____

Are you requesting to fly with a specific Veteran? Yes No

If this answer is yes, please be sure both Veteran and Guardian applications are submitted together and the requests are indicated clearly. We do our best to accommodate these requests, but once we begin filling the flight manifest, we may not be able to make additions to the list.

If Yes, please name the Veteran: _____
A completed Veteran application must be submitted by this person.

Relationship _____

Please submit a copy of your Driver's License or state-issued ID card with application

MEDICAL/FITNESS INFORMATION

- Can you push a Veteran in a wheelchair up a slight incline, walk approximately 6 miles during the day, and stand for 30-45 minutes? *(This is not all at one time but over the course of the day.)* Yes No
- Please list any physical disabilities, restrictions, and/or medical conditions that could impact your ability to perform the duties of a Guardian: _____
- Are you Diabetic? Yes, diet controlled Yes, Insulin-dependent No
- Please list any special medications being taken: _____
- Please list any dietary restrictions: _____
- Do you have any food or drug allergies? Yes No If Yes, please list: _____

EMERGENCY CONTACT (someone available the day you travel, not traveling with you)

Name _____ Relationship _____
Street Address _____
City _____ State _____ ZIP _____
Primary Phone _____ Cell Phone _____
Email Address _____

PLEASE REVIEW CAREFULLY, INITIAL AND SIGN

The undersigned acknowledges and agrees that:

_____ I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability. I am at least 18 years of age and in physical condition and able to handle the rigors of the day (flight day is generally a 0415 airport arrival for departure, full day of travel and activities and returning approx. 2145.)

_____ I understand that I may be walking on uneven ground such as grass, pavers, gravel; I am able to push a wheelchair (if needed), walk with my Veteran to, from and around Memorials and may be exposed to possible inclement weather.

_____ I am aware that this is not a tourist type of day for me, that I will stay with the group and my assigned Veteran(s) and my attention will be on them so they have the best experience at their memorials. This is a give and take kind of day, changes may occur out of Hub leaders control.

_____ I also state that I understand that personal medical insurance is my responsibility and I understand that Southwest Florida Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Southwest Florida Honor Flight activities and will not hold Southwest Florida Honor Flight staff and Honor Flight volunteers or vendors encountered during related activities responsible for any injuries or illness incurred by me while participating in the Southwest Florida Honor Flight program.

_____ SWFL HF Leadership's trip focus is safety, dignity, and honoring our Veterans. Since Guardian Training is the first opportunity to evaluate the physical condition and capability of a proposed Guardian to fulfill that role, the SWFL HF Board of Directors reserves the right to evaluate a proposed Guardian's ability to safely accomplish those duties and, if necessary, assign another person to serve as the Veteran's escort.

_____ **Serving as a Guardian is an honor and you are expected to attend the Mandatory Guardian Training AND Orientation (prior to flight). At Orientation you will meet and receive the information of the Veteran you are assigned to.**

_____ As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 videographer/photographer and Southwest Florida Honor Flight from all claims and liability relating to said images. 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 of compensation or ownership thereto.

_____ I understand that by completing this application I will be placed on the wait list and this application is not a guarantee to go on an Honor Flight. You will be contacted by SWFL Honor Flight leadership who will confirm your participation and the flight dates.

_____ I understand that a guardian payment will be required before the trip and that this payment is to be made on or before the mandatory training and in no way does payment without confirmation guarantee me a seat. *(Fee is generally \$550 depending on fundraisers and actual flight costs. You will be given the exact amount at the time of your confirmation as a guardian.)*

Print Your Name _____ Signature _____ Date _____