



# Southwest Florida Honor Flight

## Guardian Application

<b>For Honor Flight Use Only</b>	
Last Name _____	Date _____

**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. For further information, please **email us** at: [swflhonorflight@gmail.com](mailto:swflhonorflight@gmail.com) or find us on the web at [www.swflhonorflight.org](http://www.swflhonorflight.org).

*There is a guardian fee required (approx. \$500-\$550 depending upon each trip costs).* Thank you for your support.

### 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 \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_

County \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size    S    M    L    XL    XXL    XXXL

Gender:    Male    Female

Weight (must have for airline manifest) \_\_\_\_\_

Height \_\_\_\_\_

Yes     No    If Yes, indicate branch and dates of service: \_\_\_\_\_

Work Phone \_\_\_\_\_

If retired, previous occupation: \_\_\_\_\_

Are you a Snowbird?     Yes     No    Dates: From \_\_\_\_\_ To \_\_\_\_\_

Please list medical experience you may have  
(e.g., EMT, CPR, Paramedic, RN, MD, etc.):

Are you a Veteran?

Employer \_\_\_\_\_

Are you requesting to fly with a specific Veteran?    Yes    No    *A completed Veteran application must be submitted for this person.*

If Yes, please name the Veteran: \_\_\_\_\_ Relationship \_\_\_\_\_

## 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? **Yes No**
- Please list any physical disabilities, restrictions, and/or medical conditions which 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 and dietary restrictions:
  - Do you have any food or drug allergies?

Yes  No If Yes, please list: \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### PLEASE REVIEW CAREFULLY AND SIGN

#### City

The undersigned acknowledges and agrees that:

1. 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.
2. 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 0430 airport arrival for departure, full day of travel and activities and returning approx. 2145.)
3. 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.
4. 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.
5. 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.
6. SWFL HF Leadership's trip focus is safety, dignity, and honoring our Veterans. Since the Orientation 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.
7. **Serving as a Guardian is an honor and you are expected to attend the Mandatory Orientation (generally the Saturday prior to flight). At Orientation you will meet and receive the information of the Veteran you are assigned to.** 8. 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.

9. I understand that by completing 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.
10. **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 orientation. *(please note, fees are generally \$500-\$550 depending upon sponsorships and fundraisers by the Hub and the actual flight costs. You will be given the exact amount at the time of your confirmation as a guardian.*

*(Please know, flight day is a give and take kind of day and we expect everyone to go with the flow when plans may change due to reasons out of the control of hub leaders, such as weather, traffic, etc.)* **Print Your Name**

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**  
\_\_\_\_\_

**Please mail this form to:**  
Southwest Florida Honor Flight  
Attn: Guardian Applications  
PO Box 495065  
Port Charlotte, FL 33949