

FOR HONOR FLIGHT DAYTON USE ONLY: LN _____ DR _____ / _____ / _____
MM DD YYYY



DAYTON, OHIO

GUARDIAN APPLICATION

Honor Flight Dayton 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. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight, and at the memorials. Spouses/Significant Others of veterans applying for an Honor Flight Dayton trip will not be considered for a guardian position unless it's a special medical situation and approved by Honor Flight Dayton. Guardians may be required to escort more than one veteran, depending on the condition of the veterans on a specific trip. For further information, please contact us at (937) 322-4448 or visit our website at www.honorflightdayton.org. Thank you for your support.

Your Name: _____
(as shown on your drivers's license or photo ID) (first) (middle) (last)

Nick Name: _____ (if applicable)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Day (____) _____ Evening (____) _____ Cell (____) _____

E-Mail Address: _____ Weight: _____ Age*: _____ DOB: _____

*Guardian applicants not between the ages of 18 and 70 are subject to individual review and approval by Honor Flight Dayton.

Tee Shirt Size: (based upon men's sizes) S M L XL XXL XXXL Other _____

Occupation: _____ Are you a veteran? Yes No

If a veteran, please indicate branch of service and when and where you served:

Are you requesting to travel with a specific veteran, if possible? Yes No If Yes, please identify the veteran:

Name: _____ Relationship: _____
(Please note that a completed veteran application must be submitted for the specific veteran)

PERSONAL REFERENCE

Name: _____ Relationship: _____

Address: _____

Phone: Day (____) _____ Evening (____) _____ E-Mail: _____

EMERGENCY CONTACT (someone available the day you travel with us)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day:(____) _____ Evening:(____) _____ Cell:(____) _____

PLEASE COMPLETE BACK PAGE

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

Please identify any medical experience you may have (e.g., EMT, CPR, Paramedic, Nurse)

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:

ACKNOWLEDGEMENT:

By signing this Guardian application, it is understood that although you may be assigned to the care of an individual veteran for the day, you remain responsible for attending to the needs, safety and well-being of ANY AND ALL veterans participating in an Honor Flight Dayton trip.

NOTE: This acknowledgement is for all guardians, including family member guardians

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to document Honor Flight Dayton (HFD) 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 HFD program. I hereby release the photographer and HFD from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFD activities through video, photo, or other media, to be used solely for the purposes of HFD 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 guardian and I understand that neither HFD nor the provider of aircraft or other transportation provides medical care. I hereby accept all risks associated with travel and other HFD activities and will not hold HFD, its board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor HFD responsible for any injuries incurred by me while participating in the HFD program.

SIGNATURE:**

_____ Date: ____/____/____
MM DD YYYY

** If under 18, a parent/legal guardian must also sign and date below.

SIGNATURE:**

_____ Date: ____/____/____
MM DD YYYY

Please submit this form to: Honor Flight Dayton, Inc.
Attn: Guardian Application
491 Holderman Place
New Lebanon, OH 45345

Or e-mail a PDF copy to: applications@honorflightdayton.org