First State Honor Flight
Guardian Application

For Honor Flight Use Only

Last Name_____ Date_____

GUARDIAN REQUIREMENTS: First State 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. Ideal G*uardian age is between the ages of 18 and 70 years of age*. Duties include, but are not limited to, physically assisting the Veterans throughout the trip – on the bus and at the memorials. For further information, please call **302-531-7272, Option 3;** email guardians@firststatehonorflight.org; or find us on the web at www.firststatehonorflight.org. **There is a required $100.00 tax deductible donation for guardians.** Thank you for your support.

YOUR INFORMATION

Your Name _____ **Nickname** _____

(For travel purposes, name information must match your driver's license or state issued picture identification) You must have **REAL ID compliant identification** to participate. REAL ID Act.

Street Address _____

City _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

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

Employer _____

If retired, previous occupation _____

If seasonal Delaware resident, dates of DE residency: From _____ **To** _____

Are you a Veteran? **Yes** ☐ **No** ☐ **If yes, indicate branch and dates of service** _____

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

If Yes, please name the Veteran _____ **Relationship** _____

T-Shirt Size ☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL** ☐ **XXXL**

MEDICAL INFORMATION

- **Height** _____ **Weight range:** **less than 100 lbs** ☐ **100-150 lbs** ☐ **150-200 lbs** ☐ **over 200 lbs** ☐
- **Can you push a Veteran in a wheelchair up a slight incline, walk long distances (approximately 5 miles during the day), and stand for 30 minutes or more?** **Yes** ☐ **No** ☐
- **Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to perform the duties of a Guardian.**

  _____
- **Please list any medical experience you may have (e.g. EMT, CPR, Paramedic, RN, MD, etc.).**

  _____
- **Are you Diabetic?** **Yes, diet controlled** ☐ **Yes, Insulin dependent** ☐ **No** ☐
- **Please list any medications being taken and how often.**

  _____
- **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 AND SIGN

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 also state that I understand that personal medical insurance is my responsibility, and I understand that First State Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other First State Honor Flight activities and will not hold First State Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the First State Honor Flight program.
3. As photographic and video 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 First State 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.
4. **I understand that a pre-payment of $100.00 will be required** before the trip and that this payment is to be made on or before the required Guardian pre-trip orientation.
5. I Acknowledge that I must have **REAL ID compliant identification** to participate. REAL ID Act.
6. I acknowledge that this application consists of 2 pages.

Print Your Name _____ **Signature** _____ **Date** _____

We must have all 2 pages completed before your application will be accepted.

Please mail this form to:

First State Honor Flight
PO Box 80
Frederica, DE 19946