



Guardian Application

Your Name: _____ **Nickname:** _____

(As it appears on your ID for airline travel. **YOU MUST SUBMIT A COPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT ID WHEN RETURNING THE APPLICATION.**)

Address: _____

City: _____ **State:** _____ **Zip:** _____

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

Email (if applicable): _____

Weight: _____ **Age:** _____ **Date of Birth:** _____

Polo Shirt Size (S, M, L, XL, XXL, XXXL): _____

Occupation: _____

Veteran: Yes ☐ No ☐

Service History:

Conflict: _____ **Branch of Service:** _____

Are you requesting to travel with a specific veteran? Yes ☐ No ☐

If yes, please name the veteran and your relationship: _____

Please remember that each veteran must complete a veteran application to be considered for the Honor Flight.

How did you hear about Honor Flight? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience: _____

Please list one (1) personal reference:

Name: _____

Address: _____

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

Email (if applicable): _____

Alternate Contact (Son, Daughter, Grandchild, Etc.)

Name: _____ **Relationship:** _____

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

Email (if applicable): _____

Medical History:

Can you lift 50 pounds? Yes No

Please identify any physical disabilities, restrictions, and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Please include any medications being taken and how often: _____

Do you have drug allergies? Yes No

If yes, please list: _____

Do you have food allergies? Yes No

If yes, please list: _____

Additional Comments: _____

Responsibilities of TSPHF Guardians

The veterans could not make this trip without the assistance of our Texas South Plains Honor Flight (TSPHF) guardians. Your responsibility is huge, but does not compare to what these veterans did for our country and our world. They are counting on you to help them safely make the journey to DC and home. It is a commitment of your time and attention, a desire to honor the aged veterans, and it is a physically demanding job (you will be assisting the veterans and pushing wheelchairs). The role of the guardian should not be taken lightly.

As part of your responsibilities, you will be asked to perform tasks including, but not limited to:

- Cover your travel expenses (**\$1300**) for the Honor Flight trip, if selected.
- Attend a guardian training session.
- Assist up to 3 veterans during the TSPHF trip to Washington, DC.
- Load and unload wheelchairs during the trip.
- Ambulate veterans in wheelchairs when needed.

- Follow instructions given by bus captains, the medical team, and the TSPHF staff during the trip.

Please review carefully and sign.

The undersigned acknowledges and agrees that:

1. Photographic and video equipment are frequently used to memorialize and to document the TSPHF 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 TSPHF Program. I hereby release the photographer and TSPHF from all claims of liability relating to said photographs. I hereby give my permission for my images captured during TSPHF activities through video, photo, or other media to be used solely for the purpose of TSPHF promotional materials and publication and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that the TSPHF **does not** provide medical care. I understand that I accept all risks associated with travel and other TSPHF activities and will not hold TSPHF responsible for any injuries incurred by me while participating in the TSPHF Program.
3. I hereby grant permission to TSPHF to access and to review any of my personal medical records and medical providers pertaining to my ability to safely attend my designated Honor Flight.

Signed:_____ **Date:**_____

TEXAS SOUTH PLAINS HONOR FLIGHT
PO Box 94787
Lubbock, TX 79493
(806) 790-4635
southplainshonorflight.org

Checklist:

Copy of driver's license/government ID enclosed	_____
Reference information completed	_____
Personal contact information completed	_____
Medical history information completed	_____