

**FOR HONOR FLIGHT USE ONLY**

Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_



**Guardian Application for Honor Flight**

**HONOR FLIGHT  
NEW ENGLAND**

Honor Flight 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. Guardians are responsible for their own expenses (airfare, meals, etc.). For further information, please contact us at 603-518-5368 or visit our website at [www.HonorFlightNewEngland.org](http://www.HonorFlightNewEngland.org).

NAME: \_\_\_\_\_ (As it appears on ID for airline travel)

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Age: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? Yes No  
(Please Circle)

If you were a Veteran, please indicate which BRANCH of service, along with WHEN and WHERE you served:

1. How did you learn about the Honor Flight organization? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience: \_\_\_\_\_

4. Please list one Personal reference:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. Please list one emergency contact:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

6. Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_

If yes, please name the veteran \_\_\_\_\_ (please note Veteran Application must be submitted separately.)

7. Can you lift 100 pounds? \_\_\_\_\_
8. 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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. T-Shirt Size: (S, M, L, SL, XXL, XXXL) \_\_\_\_\_
10. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics): \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

1. We will take pictures and video to document our trip to Washington DC. These pictures may appear on our website or elsewhere. I hereby release Honor Flight New England from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight New England activities through video, photo or other media to be used solely for the purposes of Honor Flight New England promotional materials and publications, and waive any rights or compensation of ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran and I understand that Honor Flight New England does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight New England activities and will not hold Honor Flight New England responsible for any injuries incurred by me while participating with Honor Flight New England.
3. As a guardian, I will donate a minimum of **\$400.00** to the mission for my own travel expenses. I have the capacity to work with three veterans during an 18 hour day to and from Washington DC. I will do my best to assist my assigned Veterans throughout the day with transportation issues, as well as mental and physical support.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Send completed form by MAIL to: Honor Flight New England, P.O Box 16287, Hooksett, NH 03106  
 or E-mail to: HonorFlightNewEngland@gmail.com