

HONOR FLIGHT NEW ENGLAND

GUARDIAN APPLICATION FOR HONOR FLIGHT

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. For further information, please contact us at 603-518-5368 or visit our website at www.HonorFlightNewEngland.org.

NA	AME:			(As it appears on ID for airline travel)		
	First Name	Middle Initial	Last Name			
ΑI	DDRESS:			BIRTHDATE:		
Cľ	TY:		STATE:	ZIP:		
PH	IONE: Daytime:	Ev	ening:	Mobile:		
E-l	MAIL ADDRESS:			Age:		
00	CCUPATION:			ARE YOU A VETERAN? Yes No		
ΕN	APLOYER:			(Please Circle)		
Ify	you are a Veteran, please	indicate which BRANCH	of service, along with	WHEN and WHERE you served:		
1.	How did you learn abo	ut the Honor Flight organi	zation?			
2. Why are you volunteering for Honor Flight?						
3. Please list any prior volunteer experience:						
4.	Please list one professional reference (excluding friends and family members):					
	Name: Relationshi			to Applicant:		
	Address:					
	City/State/Zip:					
	E-Mail Address:					
				g:		
5.	Please list one emergen	icy contact:				
	Name: Re			Relationship to Applicant:		
	Address:					
	City/State/Zip:					
	E-Mail Address:					
	Phone Numbers: Day:		Evening	g		
6.	Are you requesting to t	ravel with a specific veter	an, if possible?			
	If yes, please name the	veteran		(PLEASE SUBMIT VETERAN		
	AND GUARDIAN AP	PLICATION TOGETHE	R)			

- 7. Can you lift 100 pounds?
- Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the 8. duties of a Guardian. Also please list any medications being taken and how often.
- 9. T-Shirt Size: (S, M, L, XL, XXL, XXXL)
- 10. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics):
- 11. I agree that I have received the COVID19 Vaccination and have enclosed a photocopy of the COVID 19 Vaccination Record card.

In order to be considered for a guardian position the applicant must be between 21 and 64 years old.

The undersigned acknowledges and agrees that:

- We will take pictures and video to document our trip to Washington DC. These pictures may appear on our website or 1. 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.
- I further state that medical insurance is the responsibility of the Veteran/Guardian or individual traveling with Honor 2. Flight New England 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.
- As a guardian, I will donate a minimum of **\$600.00** to the mission for my own travel expenses. I have the capacity to 3. work with a veteran during an 18 hour day to and from Washington DC. I will do my best to assist my assigned veteran throughout the day with transportation issues, as well as mental and physical support. Honor Flight policy prevents spouses traveling as guardians.

4. Veterans and Guardians are responsible for transportation to and from the airport or our meeting location.

Signed:		
Printed Name:		

WHICH AIRPORT DO YOU PREFER MANCHESTER LOGAN

Date:

GUARDIANS WILL BE REQUIRED TO ATTEND A MANDATORY ORIENTATION IN ORDER TO ACCOMPANY US AS AN HONOR FLIGHT GUARDIAN-NO EXCEPTIONS

Send completed form by MAIL to: Honor Flight New England, P.O Box 16287, Hooksett, NH 03106