

Guardian Application

Honor Flight – Twin Cities would not be successful without the generous support of our Guardians. Guardians play a significant role on the one-day trip to Washington D.C. by ensuring that every Veteran has a safe and memorable experience. Duties include: attending a Guardian Training one month prior to the flight, attending a Pre-Flight Meeting with their Veteran a week prior to the flight, and assisting the Veteran throughout the entire day as they visit their memorials. In order for Honor Flight – Twin Cities, a non-profit 501 (c) (3), to provide this experience at no cost to the Veterans, all Guardians are required to make a taxdeductible \$500 contribution. Contributions are due when assigned to a flight.

Guardian Eligibility Requirements (please check if applicable):

- □ At least 18 years old and at least 1 generation younger than the Veteran
- \Box In good physical health with stamina to walk the entire day
- \Box Able to lift at least 50 lbs.
- □ Able to assist with any transfers in/out of wheelchair
- □ Able to push a wheelchair as needed
- □ Knowledgeable of the Veteran's health status and any physical limitations
- □ Able to assist the Veteran in tracking/administering his/her medications as needed

GENERAL					
Full Name (Last,	First, MI)			(
		(as it ap	pears on your Driv	er's License or State II)
Birth Date (mm/o	dd/yyyy)		Age		
Street Address					
City	City		State	Zip	
Primary Phone	Primary Phone		Cell I landline Alternate Phone		Cell Candline
Email					
Eligible Veteran	you are serving	g as the Guardian	for		
		(n:	ote that they must	have a separate Veter	ran Application on file with us)
Are you a Vetera	n? □ YE	s □no			
				2	
If YES, which bra	nch of service,	and when and w	here did you se	rve?	
T-Shirt Size	s □m		□ 2X □ 3X		
EMERGENCY CONT	ACT (someone	available the day	vou travel)		
Name	· · · · · · · · · · · · · · · · · · ·	,		chin	
Name			Relation		
Address					
Primary Phone		🗆 cell 🗖 lan	ndline Alternate F	Phone	Cell 🗖 landline
Email					
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OCCUPATION / VOLUNTEER EXPERIENCE / MEDICAL CERTIFICATIONS

Current Occupation(s) (or previous, if retired)

Volunteer Experience

Medical Certifications

PLEASE READ CAREFULLY AND SIGN / DATE BELOW

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document *Honor Flight Twin Cities* trips and events, his/her image may appear in a public forum, such as the media or a web site, to acknowledge, promote, or advance the work of the *Honor Flight Twin Cities* program. I hereby release the photographer and *Honor Flight Twin Cities* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight Twin Cities* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight Twin Cities* 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 the Honor Flight Twin Cities does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Twin Cities activities and will not hold Honor Flight Twin Cities responsible for any injuries incurred by me while participating in the Honor Flight Twin Cities program.

Signed

Date _____

Please complete, print, sign/date, and mail to:

Honor Flight-Twin Cities • Attn: Guardian Application • 2674 Mackubin St • Roseville, MN 55113