



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 tax-deductible \$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
- ☐ In good physical health with stamina to walk the entire day
- ☐ 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 appears on your Driver's License or State ID)

Birth Date (mm/dd/yyyy)

Age

Street Address

City

State

Zip

Primary Phone

☐ cell

☐ landline

Alternate Phone

☐ cell

☐ landline

Email

Eligible Veteran you are serving as the Guardian for

(note that they must have a separate *Veteran Application* on file with us)

Are you a Veteran?

☐ YES

☐ NO

If YES, which branch of service, and when and where did you serve?

T-Shirt Size

☐ S

☐ M

☐ L

☐ XL

☐ 2X

☐ 3X

EMERGENCY CONTACT (Someone available the day you travel.)

Name

Relationship

Address

Primary Phone

☐ cell

☐ landline

Alternate Phone

☐ cell

☐ landline

Email

OVER



Guardian Application

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:

1. 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
4000 Eagan Outlets Pkwy #133
Eagan, MN 55122