



# 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

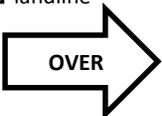
**EMERGENCY CONTACT** (Someone available the day you travel.)

Name  Relationship

Address

Primary Phone   cell  landline Alternate Phone   cell  landline

Email





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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:

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 • P.O. Box 502 • Lindstrom, MN 55045**