



Twin Tiers Honor Flight - Guardian Application

PLEASE COMPLETE ALL REQUIRED FIELDS MARKED WITH ASTERISK (*)

Twin Tiers 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. Per Honor Flight Network's regulations, family members are now permitted to serve as guardians subject to Board approval.

Duties include physically assisting the veteran at the airport or bus pickup/drop off, during the trip and at the memorials. Guardians are also responsible for their own expenses which is tax deductible. *The cost to be a guardian is \$400.00 and payment must be submitted at least 1 week prior to the trip.*

GUARDIAN INFORMATION

First Name * _____ Middle Name _____ Last Name * _____

Nickname (leave blank if none) _____ DOB * ____/____/____ Gender * Male Female

CONTACT INFORMATION

Street Address * _____

City * _____ State * _____ Zipcode * _____

County _____

Daytime Phone * ____-____-____ Evening Phone ____-____-____ Mobile Phone * ____-____-____

Email address * _____

TRAVEL INFORMATION

Are you requesting to travel with a specific veteran, if possible? * Yes No

List the Full Name of Veteran: _____

Can you lift 100 pounds? * Yes No

ADDITIONAL INFORMATION

T-Shirt Size * S M L XL XXL XXXL Other: _____

Are you willing to assist all veterans, & are you willing to push any wheelchair? * Yes No

Can you push a wheelchair up an incline with a veteran passenger? * Yes No

Occupation: _____

Please list any prior Volunteer experience:

Remarks / Comments:

How did you hear about Honor Flight? *

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SERVICE HISTORY

Are you a Veteran?* Yes No

Branch of Service (check all that apply) *

- Army
- Navy
- Air Force
- Marines
- Coast Guard
- Other

Conflicts during your service (check all that apply) *

- WWII (Dec. 7, 1941 - Dec. 31, 1946)
- Korea (Jun. 29, 1950 - Jan. 31, 1955)
- Vietnam (Feb. 28, 1961 - May 8, 1975)
- Lebanon/Grenada (Aug. 24, 1982 - Dec. 15, 1983)
- Panama (Dec. 20, 1989 - Feb. 13, 1990)
- Gulf War / War on Terrorism (Aug. 2, 1990 - Present)
- Other Dates

Service Dates/Comments

Rank: _____

Hometown: _____

Activity during your service period including Duty Assignments *

Form and type of discharge received from the military (if applicable)

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EMERGENCY CONTACT

The Emergency Contact should be someone available on the day of the trip.

First Name * _____ Last Name * _____ Relationship * _____

Street Address * _____

City * _____ State * _____ Zipcode * _____

County _____

Daytime Phone * _____ - _____ - _____ Evening Phone _____ - _____ - _____ Mobile Phone * _____ - _____ - _____

Email address _____

MEDICAL INFORMATION

What is your Weight? * _____ What is your Height? * _____

Medications *

Answer all of the following questions:

* Do you have any drug allergies? Yes No

Please describe your drug allergies: _____

* Do you have any food allergies? Yes No

Please describe your food allergies: _____

* Do you have a history of seizures? Yes No

Please describe what type of seizures: _____

When was your last seizure: _____

* Do you have any breathing problems? Yes No

Please describe your breathing problems: _____

* Are you claustrophobic? Yes No

* Are you visually impaired? Yes No

* Are you deaf or hard of hearing? Yes No

* Do you have a urostomy, colostomy, or urinary catheter?

Describe: _____

* Have you been diagnosed with memory problems? Yes No

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* Do you have Cognition / Sundowning Issues? Yes No

* Do you use Insulin? Yes No

How is your Diabetes controlled? (Insulin or Pills) _____

* Do you wear or have a heart pacemaker implanted? Yes No

List any condition(s) (not mentioned above) or circumstances that you have which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event? *

Do you require a special meal? * Yes No

Please describe special meal requirements: _____

Why are you volunteering to be a guardian for Honor Flight? *

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, images of veterans and guardians may appear in the public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Honor Flight**.
I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight** promotions and publications, and waive any rights of compensation or ownership thereto.
2. I further acknowledge that medical insurance is the responsibility of the veteran and I understand that **Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold Honor Flight responsible for any injuries I may incur while participating in the **Honor Flight** program.

SIGNED: _____ DATE: ____/____/____

Please submit completed and signed application to:

Twin Tiers Honor Flight
Attn: Guardian Application
PO Box 1770
Binghamton, NY 13902

You may also scan and email your application to: twintiershonorflight@gmail.com

Questions: 1-800-683-5403