



# 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](mailto:twintiershonorflight@gmail.com)

Questions: 1-800-683-5403