

Twin Tiers Honor Flight - Guardian Application

YOU MUST 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

YOUR 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: _____

ADDITIONAL INFORMATION

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

* Can you lift 100 pounds? Yes No

* 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:

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* How did you hear about Honor Flight?

SERVICE HISTORY

* Are you a Veteran? Yes No (If No, go to next page)

Branch of Service (If Yes, 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 (November 1, 1955 to May 15, 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 _____ *Zip code _____

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

Email address _____

MEDICAL INFORMATION

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

*Do you use mobility equipment? None Cane Scooter Walker Wheelchair Wheelchair (Wide)

* Can you walk up & down a set of eight bus steps without assistance? Yes No

* Medications *(Attach a separate sheet if needed)*

* Surgeries *(Attach a separate sheet if needed)*

Answer all of the following questions:

* Do you have any drug allergies? Yes No

If so, describe your drug allergies: _____

* Do you have any food allergies? Yes No

If so, describe your food allergies: _____

* Do you have a history of seizures? Yes No

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If so, describe what type of seizures: _____

When was your last seizure: _____

* Do you have problems with motion sickness (sea or air)? Yes No

Is your motion sickness controlled with medications? Yes No

* Do you have any breathing problems? Yes No

If so, describe your breathing problems: _____

* Do you use oxygen at any time? Yes No

If so, describe your use of oxygen: _____

* Do you have a history of open head injuries, sinus problems, or ear problems? Yes No

Have you flown or traveled since the open head injury, sinus or ear problems occurred? Yes No

* Are you claustrophobic? Yes No

* Do you use a home nebulizer machine? 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

* Do 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

* Do you have any condition(s) (not mentioned above) or circumstances 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

If so, describe special meal requirements: _____

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* Have you been the recipient of a previous Honor Flight trip or visited the WWII, Korean, Marine Corps or Vietnam War Memorials? Yes No

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

* Jacket Size S M L XL XXL XXXL Other: _____

* 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