

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_



## Guardian Application

**The Last Frontier 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. Duties include, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for paying \$1000 to cover part of their own expenses (airline fare, hotel, food, etc.). For further information, please contact us at (907) 892-6097 or visit [www.lastfrontierhonorflight.com](http://www.lastfrontierhonorflight.com)

NAME: \_\_\_\_\_  
(As it appears on your government issued ID, and for airline travel purposes)

NICK NAME: \_\_\_\_\_  
(If Applicable)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

How did you learn about the Honor Flight organization? \_\_\_\_\_

Why are you volunteering for Honor Flight? \_\_\_\_\_

Please list any prior volunteer experience: \_\_\_\_\_

T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

**EMERGENCY CONTACT** (someone available the days you travel):

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Please identify the city(ies) from which you would be able to fly as a Guardian:

\_\_\_\_\_

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

If yes, please name the veteran: \_\_\_\_\_

(Please note that completed veteran application must be submitted separately)

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**MEDICAL:** THIS INFORMATION IS NECESSARY SO WE MAY PROVIDE YOU WITH THE APPROPRIATE MEDICAL SUPPORT DURING YOUR TRIP, IF NECESSARY. THIS INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Are you able to push a veteran in a wheelchair up a slight incline? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you lift 50 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. \_\_\_\_\_

**Please note:** While on the trip, guardians are responsible for their own luggage as well as the luggage of your assigned veteran. Each veteran is provided with a wheelchair for use during the trip and guardians are expected to assist with loading/unloading wheelchairs and luggage from the motorcoach. The veteran who is physically able, can walk at many of the memorials, but wheelchairs will be with them at all times and there are certain locations where wheelchairs are required for safety purposes.

**MEDICATIONS YOU USE**

MEDICATION NAME & DOSAGE

HOW OFTEN IS IT TAKEN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Do you have any **drug allergies**? YES \_\_\_\_\_ (please list) NO \_\_\_\_\_

\_\_\_\_\_

Do you have any **food allergies**? YES \_\_\_\_\_ (please list) NO \_\_\_\_\_

\_\_\_\_\_

Do you have any **specific diet restrictions**? YES \_\_\_\_\_ (please list) NO \_\_\_\_\_

\_\_\_\_\_

Please note any medical experience you may have (e.g., EMT, Paramedic, Doctor, Nurse, etc)

\_\_\_\_\_

\_\_\_\_\_

Did you serve in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Dates: \_\_\_\_\_

Locations: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **The Last Frontier Honor Flight** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of **The Last Frontier Honor Flight** program. I hereby release the photographer and **The Last Frontier Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **The Last Frontier Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **The Last Frontier Honor Flight** 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 Last Frontier Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **The Last Frontier Honor Flight** activities and will not hold **The Last Frontier Honor Flight** responsible for any injuries incurred by me while participating in **The Last Frontier Honor Flight** program.

SIGNATURE \*: \_\_\_\_\_

DATE: \_\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

\* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_

**Please submit this form to:**

*The Last Frontier Honor Flight*  
*ATTN: Guardian Application*  
*PO Box 520095*  
*Big Lake AK 99652*

**ANY QUESTIONS: Call (866) 790-7994 or (907) 892-6097**