

# ***HONOR FLIGHT FORT WORTH***



## ***GUARDIAN APPLICATION***

**Honor Flight Fort Worth** 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 are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians may **NOT** be a spouse and must be between the ages of 18-70 years of age.

**Guardians are responsible for their own expenses as a tax-deductible donation to HFFW. This donation must be made by a specified date prior to the flight.** For further information, please visit us at [www.honorflightfortworth.org](http://www.honorflightfortworth.org). Thank You for your support.

NAME \_\_\_\_\_ GENDER: M F

(First / Middle / Last --- As it appears on your driver's license or Gov't ID)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE: DAY \_\_\_\_\_ EVENING \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM/DD/YYYY)

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

If a veteran, please indicate BRANCH of service, RANK, and WHEN and WHERE you served: \_\_\_\_\_

1. How did you learn about Honor Flight Fort Worth? \_\_\_\_\_

2. Why are you interested in being a Guardian for HFFW? \_\_\_\_\_

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

4. Please list one (1) personal reference:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

5. Please list one (1) emergency contact:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: Day \_\_\_\_\_ Mobile \_\_\_\_\_

6. Are you requesting to travel with a specific WW II veteran, if possible? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please name the

veteran: \_\_\_\_\_ (Note: the Veteran Application **must** be submitted separately.)

7. Are you able to push a veteran in a wheelchair up a slight incline? Yes\_\_\_\_\_No\_\_\_\_\_
8. Can you lift 100 pounds? Yes\_\_\_\_\_ No\_\_\_\_\_
9. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_
11. Please note any medical experience you may have (e.g. EMT, CPR, Paramedic, Nursing, etc.) \_\_\_\_\_  
 \_\_\_\_\_

**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, 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 *Honor Flight* program. 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 *Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *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 *Honor Flight* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Fort Worth* activities and will not hold *Honor Flight Fort Worth* responsible for any injuries incurred by me while participating in an *Honor Flight* program.

3. I understand that Guardians are responsible for paying their own expenses which may range from \$400-\$600. I also understand this is a tax-deductible donation to Honor Flight Fort Worth and must be paid by a specified date **prior** to the flight. I understand if I do not meet this deadline, I will be removed as a Guardian from the flight.

**SIGNED:** \_\_\_\_\_

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

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit this form to:**

**Honor Flight Fort Worth**  
**ATTN:Guardian Application**  
**P.O. Box 24191**  
**Fort Worth, TX 76124**  
**or Fax to: (817) 886-0825**  
**or e-mail to: [honorflightfortworth@gmail.com](mailto:honorflightfortworth@gmail.com)**

For further information, please visit us at [www.honorflightfortworth.org](http://www.honorflightfortworth.org).