



## GUARDIAN APPLICATION

We would not be successful without the generous support of our guardians and please understand that our guardian slots are **limited** on each flight and very **physically** demanding. 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. For further information, please contact us at 1-888-530-8880 or [www.honorflightaustin.org](http://www.honorflightaustin.org).

**IF YOU ARE A SPOUSE, YOU WILL BE INELIGIBLE TO APPLY AS A GUARDIAN\*\*\*\***

Guardians are asked to make a tax deductible donation of **\$400.00** to Honor Flight Austin to help off-set the cost of airfare, food, buses, hotel expenses, etc.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*(As it appears on your Driver's License of Government ID)*

Middle or initial \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

If a Veteran, please indicate branch of service, rank, when and where you served: \_\_\_\_\_

**Please list one (1) personal reference:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please list one (1) emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Questions:**

1) How did you learn about Honor Flight Austin? \_\_\_\_\_

2) Why are you volunteering for HFA? \_\_\_\_\_

3) Please list any prior Volunteer experience: \_\_\_\_\_

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

4a) Name of Veteran / Relationship \_\_\_\_\_

**Note: A separate application is needed for the Veteran**

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

6) Are you able to lift, push, pull, carry 150 pounds and push a wheel chair for over 5 miles?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Being a Guardian is a very demanding and exhausting position. A Guardian must be physically fit to be considered for selection.**

7) Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also please list any medications taken and how often \_\_\_\_\_

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

11) Please note any medical experience you may have (e.g. EMT, CPR, Paramedic) \_\_\_\_\_

12) A \$400 Tax deductible donation is required to be a Guardian. Which form of payment would you prefer? Check \_\_\_\_\_ Online \_\_\_\_\_

**Note: Please only submit the payment if you are CONFIRMED by Honor Flight Austin Online- [www.honorflightaustin.org](http://www.honorflightaustin.org). Check - Pay to Honor Flight Austin**

**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 Veteran and I understand that neither Honor Flight nor the provider of free private aircraft (Flight provider) provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Austin activities and will not hold Honor Flight, the Flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If emailed please input in signature block - \\\Signed\\ Name printed*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian

**Please submit this form to:**

**Honor Flight Austin  
ATTN: Guardian Application  
1108 Lavaca STE 110, Box 609  
Austin, Texas 78701-2514**

*If under 18, a parent/guardian must also sign*