



GUARDIAN APPLICATION

Honor Flight would not be successful without the generous support of our Guardians. Guardians are responsible to physically assist the Veterans prior to flight, during flight, during the visit to the memorials, and the journey home. **This is an 18-hour day.**

Guardians cannot be a spouse/significant other and must be over 18 and meet the physical requirements. (Push a wheelchair 3 miles over 3 hours Guardians are required to pay a tax-deductible fee of **\$150**. This helps defray the cost of busfare, meals, and clothing. In order to be confirmed confirmed on a trip, you must send in your payment before the due date. Each Guardian is required to attend a **mandatory training session** to ensure the safety and success of the mission.

Guardian applications must be received either at the same time or prior to Veteran notification.

(Central PA Honor Flight is a non-profit 501(c)(3) organization and this donation may be tax-deductible)

NAME: _____ PREFERRED NAME: _____
Print First, MIDDLE and Last as it appears on your ID (For Badge)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL: _____ DATE OF BIRTH: _____

ARE YOU A VETERAN? YES NO GENDER (circle one): M F

SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

If a Veteran, please indicate BRANCH of service, and WHEN & WHERE you served: _____

Please list one (1) emergency contact: Name: _____

Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____ Mobile: _____

YOU MUST ADD the following to your PHONE:

Central PA Honor Flight
Phones 717-259-3313, 703-628-2999, 703-818-7619
founder@centralpahonorflight.org

PLEASE COMPLETE PAGE 2

Are you requesting to travel with a specific Veteran? If yes, Guardian application must be on file before Veteran is notified of flight date. (Please note that a completed Veteran application must be submitted also.)
Yes: _____ Name of Veteran: _____

Are you able to push a Veteran in a wheelchair(thee miles over three hours?) _____ Yes _____ No

How much weight can you lift _____

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

PLEASE REVIEW CAREFULLY AND SIGN

- ð As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, my 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 liabilities 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.
- ð I further state that medical insurance is my responsibility as the Veteran and I understand that neither Honor Flight nor the provider of free private buses ("Bus Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Bus 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: ____/____/____

Please submit this form to:

Central PA Honor Flight
ATTN: Guardian Application
P.O. Box 10
Quincy, PA 17247
email: CPA.honorflight@proton.me

Information Line: 717-259-3313

Website: <https://www.centralpahonorflight.org>