

# Screaming Eagle Honor Flight Guardian Application

FOR HONOR FLIGHT USE ONLY: LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MEDICAL TRAINING YES NO DATE COMPLETED GUARDIAN TRAINING \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

-----Do Not Write Above This Line for Honor Flight Use Only-----

*Honor Flights* 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 physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information contact us at 931-920-6364 or screamingaglehf@charter.net . Thank you for your support.

## PART 1 – GENERAL & CONTACT INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

\_\_\_\_\_

(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

Address: \_\_\_\_\_ Gender: M\_\_\_\_

F\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day: \_\_\_\_-\_\_\_\_-\_\_\_\_ Evening: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

dd mm yyyy

Occupation: \_\_\_\_\_ Are You A Veteran? YES\_\_\_\_ NO\_\_\_\_?

If a veteran, please indicate Branch of service and when and where you served: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

4. Please list at least one (1) personal reference:

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

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

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

Phone: Day: \_\_\_\_-\_\_\_\_-\_\_\_\_ Evening: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

5. Emergency Contact Information: (someone available the day you travel)

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

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

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

Phone: Day: \_\_\_\_-\_\_\_\_-\_\_\_\_ Evening: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

6. Are you requesting to travel with a specific veteran? YES\_\_\_ NO\_\_\_?

If yes, please name the veteran: \_\_\_\_\_  
(Please note that a completed veteran's application must be submitted separately)

7. Are you able to push 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. Also please list any medications being taken and how often. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Tee/Polo Shirt Size: (S M L XL XXL XXXL) Circle Your Size

11. Please note any medical experience you may have (e.g. EMT, CPR, Paramedic, Combat Lifesaver School, Basic red Cross First Aid Class etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Important Notice!

Honor Flight Inc. has ruled that a spouse may not serve as Guardian or accompany their Veteran on an Honor Flight unless the spouse is also a veteran of the war or conflict being served.

However any other members of the veterans' family may serve as their Guardian provided they pay the current fees to be a Guardian. Guardian application must accompany Veterans application. If Veteran has already submitted an application please contact us immediately!

You will be contacted when selected and given the flight date for which you have been selected for. Guardian training dates will be announced at the beginning of each year. We will attempt to have 3 or 4 Guardian training events a year at various locations. Completion of Guardian training does not necessarily mean you will be selected, it makes you eligible to be selected. Guardian training is mandatory. Failure to attend Guardian training will result in you not being eligible to serve as a Guardian. You will still remain on our Guardian Waiting List.

Accommodations will be made for those that live more than 90 miles away from any Guardian Training Site with online training or by mail.

When selected you will be given the No Later Than date that your Guardian fee is due to Screaming Eagle Honor Flight. If not received by the due date you will be replaced as Guardian unless prior arrangements have been made and agreed upon. Your Guardian fee is a tax deductible donation and you will receive a receipt letter for it.

Do you know what the current fee to serve as Guardian is? YES\_\_\_ NO\_\_\_

Are you able to pay that amount now? YES\_\_\_ NO\_\_\_

If you are not selected you will also be contacted to see if you would like to remain on the list for one of our upcoming flights.

The Guardian fee is refundable provided the cancelation is made more than 72 hours or more prior to the flight. Certain exceptions (very few) can be made for cancelations due to medical and some family emergencies made less than the 72 hour time frame.

**Important Notice, Continued**

For more information contact us at:

Screaming Eagle Honor Flight Phone

PO Box 20075

Clarksville, TN 37042

931-920-931-6364

Screamingeaglehf@charter.net

or

Kim Brown, Guardian Coordinator

931-563-8698

k.brown1218@charter.net

**PART 2 : SIGNATURE**

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** trips and events, his or her image may appear in a public forum, such as the media or 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 media, to be used solely for the purposes of ***Honor Flight*** promotional material and publications, and waive any rights or compensation or ownership thereto.
- 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*** network 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.
- Would you agree to allow your contact information and/or photos of the flight released to your fellow attendees and to the local newspapers? YES\_\_\_\_ NO\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail or Website Applicants will be required to sign prior to actual flight date) dd mm yyyy

\* If under 18, a parent or guardian must also sign and date below:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/Guardian** dd mm yyyy

Please submit this form to:

**Screaming Eagle Honor Flight  
ATTN: Guardian Application  
P.O. Box 20075  
Clarksville, TN 37042**