

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 travel expenses (airfare, ground transportation, hotel, etc). For further information, please contact us at **(907) 248-2318** or visit www.lastfrontierhonorflight.com

NAME: _____

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

PREFERRED NAME: _____

(If Applicable, example Bob for Robert)

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) _____ Jacket/Windbreaker Size: _____

EMERGENCY CONTACT (*SOMEONE AVAILABLE THE DAYS YOU TRAVEL*):

Name: _____ Relationship to applicant: _____

Address: _____

City _____ State: _____ Zip: _____

Phone Numbers: Day: _____ Evening: _____ Cell: _____

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)

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 an 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 use a C-Pap machine? YES _____ 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)

The following information will assist us in assigning guardians with veterans.

Did you serve in the military? Yes_____ No_____

Branch of Service: _____ 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. Furthermore I understand that medical insurance is the responsibility of the guardian (myself) and I agree to indemnify and hold harmless **The Last Frontier Honor Flight**, its agents, sponsors, volunteers and Board of Directors, from any and all liability arising out of or in consequence of, or injury sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE *: _____

DATE: _____

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

Please submit this form to:

The Last Frontier Honor Flight
ATTN: Guardian Application
P.O. Box 875021
Wasilla, AK 99687

ANY QUESTIONS: Call 907-248-2318

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