

UPPER PENINSULA HONOR FLIGHT GUARDIAN APPLICATION 19

The Upper Peninsula Honor Flight Program would not be successful without the generous support of our Guardians. Guardians play a vital role by ensuring that every veteran has a safe and memorable experience visiting their memorial in Washington D.C. Guardians are responsible to physically assist the veterans prior to flight, during the flight and during the visit to the memorials. **Guardians cannot be a spouse and must be between 18–65 years of age.** Due to the cost of training and providing all the items necessary for a safe journey, Guardians chosen to participate must have a minimum \$500 donation on record 30 days prior to flight date. Each Guardian is required to attend a mandatory training session to ensure the safety and success of the mission. The Upper Peninsula Honor Flight is a non-profit 501(c)3 organization and this donation is tax-deductible.

Name:	
Please print first, MIDDLE, a	and last as it appears on your ID
Nickname:	
Address:	
City: County:	State: Zip:
Phone: Home	_ Cell:
Email Address:	
Occupation:	Age: DOB:
T-shirt size: S M L XL	XXL XXXL
Are you a Veteran? Yes No	

If yes, indicate BRANCH of service, and WHEN and WHERE you served:

How did you learn about the Honor Flight organization?				
	in volunteering for Upper Per	_		
Please list any prior vol				
	Please list one personal re	eference:		
Name:	Rel	Relationship:		
Phone (Day):	Evening:	Cell:		
Address:				
E-mail address:				
Please list one emergency contact available on day of travel:				
Name:	Relati	Relationship:		
Phone (Day):	Evening:	Cell:		
Address:				
•	avel with a specific veteran? n is notified by letter of flight	If yes, Guardian application must date.		
Veteran's name				

Are you able to 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 list all current medications, dosage needed)	and how often taken: (continue on back if		
1	2		
3	4		
Any medical experience you might have (CPR, EMT, Paramedic, fireman training, nurse, etc.)			

Any additional comments or concerns regarding Upper Peninsula Honor Flight:

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

- 1. I hereby give permission for my images captured during Honor Flight activities through video, photo, website or other media to be used solely for the purposes of Honor flight promotional material and publications, and waive my rights of compensation or ownership.
- 2. I further state that medical insurance is the responsibility of the Guardian and I understand that neither Honor Flight nor the aircraft 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/group for any injuries incurred while participating in the Honor Flight Program. We strongly recommend that you discuss this trip with your private physician prior to flight date.
- 3. I understand that Guardians make a \$500 tax deductible donation to the Honor Flight payable 30 days prior to the flight.
- 4. I understand that if I am requesting to travel with a specific veteran he must fill out a separate Veteran application and the Guardian application must be on file before the veteran is notified by letter of flight date.
- 5. I understand that there is a long wait list for Guardians and I will not be contacted until there is an opening.

Signed:	Date:	

Please submit to: Upper Peninsula Honor Flight 7542 J Rd Gladstone, MI 49837 Scott 906-280-2871 Kim 906-420-2911

or visit <u>www.uphonorflight.org</u>
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THANK YOU FOR YOUR GENEROSITY AND SUPPORT OF THIS WORTHY CAUSE

WE COULD NOT FLY WITHOUT YOU!!!