



GUARDIAN APPLICATION

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 their own expenses** (airline fare, etc.). For further information, please visit us at www.honorflightSD.org, email us at honorflightSD@gmail.com or send inquire to Honor Flight of South Dakota, P. O. Box 947, Sioux Falls, SD 57104. Thank You for your support.

DATE: _____/_____/_____
M D YR

NAME: _____ NICK NAME: _____
(As it appears on your ID for airline travel) (If applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ AGE: _____

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 the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

6. Please identify the city(ies) from which you would be able to fly from as a Guardian. For a list of active cities, visit "Regional Programs" on our website at <http://www.honorflightSD.org> or email us at honorflightSD@gmail.com.

City(ies): _____

PLEASE COMPLETE BACK PAGE

7. 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)

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. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

11. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), _____

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 **Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program

SIGNED*: _____ DATE: ____ / ____ / ____
(E-mail applicants will be required to sign prior to actual trip date)

* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____ / ____ / ____
PARENT/GUARDIAN

Please submit this form to: **Honor Flight of South Dakota**
ATTN: Veteran Application
P O Box 947
Sioux Falls, SD 57104

