

Guardian Application

Your Name: _____ Nick Name: _____
(As it appears on your ID for airline travel) (If Applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening): _____ (Cell): _____

E-mail Address: _____ Weight _____ Age _____

Occupation: _____ Veteran _____

Service History: Branch of Service _____ Rank _____

Home Town (From which city and state did you enter the service?) _____

1. How did you hear about Honor Flight? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening): _____

Email address: _____

5. Please list one (1) emergency contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening): _____

Email address: _____

6. Are you requesting to travel with a specific veteran, if possible? Yes / No _____
(If yes, please name the veteran: _____)

Please remember that each veteran must complete a veteran application.

7. Can you lift 100 pounds? Yes / No _____

8. Please identify any physical disabilities, restrictions and or medical conditions that would limit your ability to fulfill the duties of a guardian. Please include any medications being taken and how often:

9. Tee Shirt Size (S, M, L, XL, XXL, XXXL) _____

10. Please note any medical experience or training you may have: (ie, EMT, DR ,RN, CPR, Paramedic, etc..) _____

Additional Comments:

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 or 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, Honor Flight, and America Supports You Texas from all claims of liability relating to said photographs. I hereby give my permission for my images captured during Honor Flight activities through video, photo or other media to be used solely for the purpose of Honor Flight and America Supports You Texas promotional materials and publication, 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 or America Supports You Texas 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 or America Supports You Texas responsible for any injuries by me while participating in the Honor Flight Program.

Signed: _____ Date: _____

Please submit this signed and completed form to :

America Supports You Texas
PO Box 3218
Amarillo, TX 79116

Or email this application to: asytexas@amaonline.com

Email applicants will be required to sign this form prior to travel.
For more information please call (806) 681-3596