



# HONOR FLIGHT LOWCOUNTRY

## Guardian Application

The continued success of Honor Flight Lowcountry is not possible without the generous support of Honor Flight Guardians. Guardians play a significant role on each Flight - ensuring the safety of our Veterans and that every trip is a memorable one. Honor Flight Guardians are responsible for physically assisting Veterans at the airport, during the flight and while at the Memorials.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(as it appears on Government issued ID)

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a Veteran: YES NO

If YES, please indicate Branch, dates and location of service: \_\_\_\_\_

How did you hear about Honor Flight Lowcountry? \_\_\_\_\_

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

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

### Reference

Personal Reference Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

### Emergency Contact

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Are you requesting to travel with a specific Veteran? YES NO

If yes, please name the Veteran (Veteran's application must be completed SEPERATELY):

\_\_\_\_\_



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Can you lift 100 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. Also, please list any medications being taken and how often:

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T-Shirt Size: XXXL     XXL     XL     L     M     S

Please note any medical experience you have (i.e. EMT, CPR, Paramedic, etc.)

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I, the undersigned, acknowledge and agree that as photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I grant permission for my image, voice and/or likeness to appear in any public forum, such as the media or Honor Flight promotional material. I hereby release the photographer and Honor Flight from all claims and liability relating to said photograph, voice and/or likeness. I hereby waive any rights, compensation or ownership thereto.

Furthermore, I acknowledge that medical insurance is the responsibility of the Veteran and I understand that Honor Flight Lowcountry does NOT provide comprehensive medical care or medical insurance. 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.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

If under 18, a parent/guardian must sign and date below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please enclose a check for \$500 and submit this form to:

**Honor Flight Lowcountry**  
PO Box 12308  
Charleston, SC 29422  
843-906-0399