

CIHF use only- Last Name: _____ LN: _____ DR: _____



Guardian Application

Central Illinois 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 are 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.). Thank you for your support!

For more information, contact us at (217) 254-2986 or www.centralillinoishonorflight.org

YOUR NAME: _____ **NICKNAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:DAY: _____ **EVENING:** _____ **MOBILE:** _____

E-MAIL: _____ **AGE:** _____ **DOB:** _____

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. 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)

7. Are you able to push a veteran in a wheelchair up a slight incline? _____ Yes _____ No

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. Your Shirt Size: S M L XL XXL XXXL

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

Central Illinois Honor Flight

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 guardian and I understand that neither Honor Flight nor the airline ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight or the Flight Provider responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE *: _____ DATE: _____

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

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN

Please submit this form to:

**Central Illinois Honor Flight
Attn: Guardian Application
712 E. Jefferson
Effingham, IL 62401
217-254-2986**

OR

Fax to:

866-692-5770