

## Guardian Application

Your Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(As it appears on your ID for airline travel)

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

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

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

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Veteran: YES or NO

Service History - Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Town: (From which city and state did you enter the service?) \_\_\_\_\_

1. How did you hear about Honor Flight: \_\_\_\_\_

2. Why are volunteering for Honor Flight: \_\_\_\_\_

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

4. Please list one (1) personal reference:

Name: \_\_\_\_\_

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

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

5. Please list one (1) EMERGENCY CONTACT:

Name: \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_

6: Are you requesting to travel with a specific veteran, if possible? YES or NO  
(If yes, please name the veteran: \_\_\_\_\_)

Please remember that each veteran must complete a veteran application

7. Can you lift 100 pounds? YES or 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.

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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)

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Additional Comments: \_\_\_\_\_

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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 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:

ASY Texas - South Plains Chapter  
PO Box 94787  
Lubbock, TX 79493

For more information, please call or E-mail:  
(806) 790-4635  
asytxlubbock@gmail.com