



Serving Georgia's Veterans

FOR HONOR FLIGHT USE ONLY Last Name: _____ Age: _____
Date Received: _____ Assigned Veteran _____

Guardian Application

Honor Flight Conyers, Inc. 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 a \$650.00 donation to help cover some of their expenses (airline fare, etc.). Guardians must be at least 18 years old. Training of guardians will be provided and is **mandatory** in order to volunteer for this position. For further information, please contact us at 770 834 4007. You can also email us at Kparsons@impactwestga.org. Thank You for your support.

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

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: _____

PHONE: DAY: _____ EVENING: _____ Cell: _____ Date of Birth _____

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

ARE YOU A VETERAN? YES ___ NO ___ DATES OF SERVICE _____ - _____

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

How did you learn about the Honor Flight? _____

Why are you volunteering for Honor Flight? _____

Please list any prior volunteer experience or special skills you have: _____

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

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____ Are

you requesting to travel with a specific veteran, if possible? YES ___ NO ___. If yes, please name the veteran:

_____ (Note that completed veteran application must be submitted)

Can you lift 100 pounds? YES ___ NO ___.

You may be assigned to a veteran who requires the use of a wheelchair some or most of the day. Are you able to complete this requirement? Yes:_____ No:_____ (You could be pushing at least 150lbs and more most of the day)

Please identify any physical disabilities, restrictions and or medical conditions that would limit your ability to fulfill the duties of guardian: _____

MEDICATIONS (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? YES NO. If YES, please list:

Do you have a history of **seizure**? YES NO. Please describe what type (i.e. grand mal, petit mal, other):

When was your last seizure? _____ If within past 5 years. It is STRONGLY advised you discuss trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO. If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, please describe: _____

_____ Do you use a home **nebulizer machine**? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, knee or hip problems, etc.):

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO. If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician!

Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician!

Do you have **diabetes**? YES NO. If YES, do you take insulin? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of insulin during the trip!

Do you have any **special dietary needs**? Are you allergic to any foods, especially peanuts? YES NO. If YES, PLEASE describe:

Additional Comments or Concerns:

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 **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.
3. I understand I am responsible for a \$650.00, donation to help cover some of my expenses (airfare, meals, transportation, etc.) and are to be paid in advance. Please check with your tax professional to determine if this donation is tax deductible.

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

Please submit this form to:

Honor Flight
ATTN: Guardian Application
P. O. Box 1677
Carrollton, GA

Or e-mail to Kparsons@impactwestga.org Subject: Honor Flight

The \$650 fee may be paid by mailing a check to the above PO Box or visit our website at www.impactwestga.org for a link.