

FOR HONOR FLIGHT USE ONLY - Last Name: _____ First Name: _____ Middle: _____

Date Received: _____/_____/_____ No Veteran Requested

Assigned Veteran(s): _____ & _____

Assigned Flight: : _____/_____/_____ Date Notified: _____/_____/_____

***Honor Flight* GUARDIAN APPLICATION**

Eastern Iowa 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 from the time they enter the airport, to the moment you hand them off to their awaiting family. Duties include, but are not limited to; physically assisting the veterans in/out of wheelchairs, pushing the wheelchair at the memorials, assisting them throughout the day as needed, and the ability to walk long distances is required. Guardians are also responsible for their own expenses with the flight through a \$550 donation. For further information, please contact us at easterniawahonorflight@gmail.com or read the job description on our website under "Applications" tab at <http://www.eihonorflight.org>.

Thank you for your interest in supporting Honor Flight!

ALL INFORMATION IS REQUIRED

****Are you requesting to travel with a specific veteran, if possible?** Yes No.

If yes, name the veteran: _____

(Please note that the completed Veteran application must be submitted as well. It is available at the above website.)

NAME: _____, _____, _____ NICK NAME: _____

(As it appears on your ID for Airline travel.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PREFERRED PHONE: _____ MOBILE PHONE: _____

E-MAIL ADDRESS (Required) : _____ AGE: _____ DATE OF BIRTH: _____

OCCUPATION: _____ BUSINESS NAME: _____

BUSINESS LOCATION (CITY): _____

LIST VOLUNTEER ORGANIZATIONS: _____

Date of Birth (M/D/Y): _____ ARE YOU A VETERAN? (circle one) 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. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), _____

GUARDIAN LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

- **GUARDIAN RESPONSIBILITIES REQUIRE AN ABLE BODIED PERSON DUE TO THE STRENUOUS PHYSICAL ACTIVITY THROUGHOUT THE DAY.**
- **Guardians must be 18 years or older.**
- **Spouses cannot be Guardians.**
- **Guardians may be required to accompany up to three veterans.** Our mission is to safely take as many Veterans on each flight to see the memorials built to honor them. You serve an important role in ensuring our mission is accomplished.

7. Can you lift 100 pounds and walk a mile? Yes No

8. Can you push a Veteran in a wheelchair up a slight incline? 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. **POLO SHIRT (Mens) SIZE:** *S, M, L, XL, XXL, XXXL* – *A shirt will be provided to wear on the flight.*

Note:

- **All flights for Eastern Iowa Honor Flight will originate from the Eastern Iowa Airport in Cedar Rapids, IA.** Guardians are required to arrive at the airport at 5:00 AM and will return that evening at approximately 10:15 PM.
- **Your donation of \$550 must be received at least 2 weeks prior to departure.**
The following forms of payment are accepted:
 - **Cash**
 - **Check - Payable to EIHF or Eastern Iowa Honor Flight**

PLEASE REVIEW CAREFULLY AND SIGN:
(Honor Flight refers to Honor Flight Network and Eastern Iowa Honor Flight)

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 veteran 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.

SIGNED: _____

DATE: ____/____/____

(E-mail applicants will be required to sign prior to actual trip date)

DO NOT SEND MONEY UNTIL INVITED ON A FLIGHT

Please submit this form to:

Eastern Iowa Honor Flight

P.O. Box 10704

Cedar Rapids, IA 52410

Eastern Iowa Honor Flight is an official Hub of the Honor Flight Network, www.eihonorflight.org