

# 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. Duties include physically assisting the veteran at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information, please review the FAQ's on our website under the "Applications" tab at [WWW.EIHONORFLIGHT.ORG](http://WWW.EIHONORFLIGHT.ORG) or contact us at [EIH.F.GUARDIAN@GMAIL.COM](mailto:EIH.F.GUARDIAN@GMAIL.COM)  
Thank You for your support.

**YOUR NAME: (As it appears on your ID for airline travel) Please print. All information is required.**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_

Gender: M/F \_\_\_\_\_ Nickname \_\_\_\_\_

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

Veteran Name: Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to Veteran \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL ADDRESS (required): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ARE YOU A VETERAN? YES  NO  BRANCH OF SERVICE: \_\_\_\_\_

SHIRT SIZE (Men's) **(CIRCLE ONE)** S, M, L, XL, 2XL, 3XL Other \_\_\_\_\_

## **GUARDIAN RESPONSIBILITIES REQUIRE AN ABLE BODIED PERSON DUE TO THE STRENUOUS PHYSICAL ACTIVITY THROUGHOUT THE DAY.**

- Can you help support someone's weight getting in and out of a wheelchair Yes  No
- Can you push a veteran in a wheelchair up an incline Yes  No
- Can you push a wheelchair all day Yes  No
- Can you lift 50 lbs. Yes  No

**Guardians must be between 18-65. Exceptions must be approved by the EIH Board of Directors.**

- Are you between 18-65 Yes  No  *(It is preferred guardians be at least one generation removed)*

**Spouses/Partners/Significant others cannot be a guardian**

- Are you a spouse, partner or significant other of the veteran Yes  No

**Guardians may be required to accompany up to three veterans.**

- Are you willing to serve as a guardian for more than one veteran if needed Yes  No

- PLEASE NOTE ANY MEDICAL EXPERIENCE YOU MAY HAVE: (nurse, EMT, paramedic, etc.) \_\_\_\_\_

- Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. \_\_\_\_\_

### **PLEASE LIST (1) ONE EMERGENCY CONTACT**

- Last: \_\_\_\_\_ First: \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

- PREFERRED PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

- EMAIL ADDRESS: \_\_\_\_\_

- ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**Please submit this form to:**

**Eastern Iowa Honor Flight  
Attn: Guardian Coordinator  
PO BOX 10704  
Cedar Rapids, IA 52410**