

# GUARDIAN APPLICATION



*Honor Flight Twin Cities* 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, assisting the veterans at the airport, during the flight and at the memorials. For further information, please contact us at 651-481-8835. Thank you for your support.

Date of application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D YR

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
First Full Middle Name Last (If applicable)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

If a veteran, please indicate the BRANCH of service, and WHEN and WHERE you served: \_\_\_\_\_

1. How did you learn about Honor Flight Twin Cities? \_\_\_\_\_

4. **Please list a personal reference:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. **Please list an 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 the veteran application must be completed separately.)

7. 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. \_\_\_\_\_

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10. T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

11. Please note any medical experience you may have: \_\_\_\_\_

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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/her image may appear in a public forum, such as the media or a Web site, to acknowledge, promote or advance the work of ***Honor Flight Network*** program. I hereby release the photographer and the ***Honor Flight Network*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight Network*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight Network*** 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 the ***Honor Flight Network*** or any individual hubs do **NOT** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight Network*** activities and will not hold ***Honor Flight Network*** responsible for any injuries incurred by me while participating in the ***Honor Flight Network*** program

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN

Please submit this form to: Honor Flight Twin Cities  
ATTN: Guardian Application  
2674 Mackubin Street  
Roseville, MN 55113