

West Georgia Honor Flight
c/o Community Foundation of the Chattahoochee Valley
1340 13th Street
Columbus, GA 31901-2345
Phone (information & volunteering): (706) 507-WWII (9944)
Phone (donations): (706) 320-0027
www.wgahonorflight.org



Guardian Application

West Georgia 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, but are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. You may be asked to serve as a guardian for up to three veterans. Guardians are also responsible for their own expenses (airline fare, etc.). For further information, please contact us at (706) 507-WWII (9944) or www.wgahonorflight.org. Thank you for your support.

NAME: _____ **NICK NAME:** _____
(First, Middle & Last Name) (If Applicable)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: DAY: _____ **EVENING:** _____ **MOBILE:** _____

E-MAIL ADDRESS: _____ **AGE:** _____ **DOB:** _____

OCCUPATION: _____

ARE YOU A VETERAN? _____ 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 personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one 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 completed veteran application must be submitted separately)
- _____
7. Are you able to push a veteran in a wheelchair up a slight incline? _____ Yes _____ No.
8. 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. _____
- _____
- _____
10. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____
11. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), _____
- _____
- _____

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, **Honor Flight** and the Community Foundation of the Chattahoochee Valley, Inc., 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 neither **Honor Flight** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight**, the Flight Provider, the Community Foundation of the Chattahoochee Valley, Inc., or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

SIGNED: _____ DATE: ____ / ____ / ____

* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____ / ____ / ____
 Parent/Guardian

Please submit this form to:

West Georgia Honor Flight
ATTN: Guardian Application
 Community Foundation of the Chattahoochee Valley, Inc.
 1340 13th Street
 Columbus, GA 31901-2345