



CENTRAL MISSOURI HONOR FLIGHT GUARDIAN APPLICATION

CM 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 not limited to, physically assisting and lifting the veterans at the airport, during the flight and at the memorials. **Guardians are also responsible for their transportation costs (\$300.00).** For further information, please call 573/256-1930 or email us at: centralmissourihonorflight@yahoo.com

Unfortunately, CM Honor Flight typically has many more applications for guardian status than is required on our flights. CM Honor Flight must ensure that the highest degree of safety is provided for our veterans in our care while maximizing the number of veterans we transport. Once a determination is made on the number of guardians required on a flight, the following selection criteria are followed in choosing guardians:

- Is the applicant **medically trained** in areas that would be of assistance on a flight?
- Is the applicant a veteran, under the age of 60 and physically and medically able to meet the rigorous physical demands of caring for up to 3 veterans throughout the course of a 24 hour event? In addition to caring for up to three assigned veterans, the guardian will be expected to carry a supply bag, push an occupied wheelchair and assist with additional safety functions.

IMPORTANT: Central Missouri Honor Flight **DOES NOT** accept family members, friends or caretakers of a veteran to serve as their veteran's guardian on an honor flight. Please do not submit a guardian application if this is your desire as it **WILL NOT** be considered.

Thank You for your support.

Please print name as it appears on your photo ID (needed for TSA)

NAME: _____
FIRST MIDDLE LAST

NAME on name tag: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

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

OCCUPATION: _____

ARE YOU A VETERAN? YES: _____ NO: _____ BRANCH OF SERVICE: _____

ARE YOU A VETERAN OF THE VIETNAM WAR? _____ DS/OEF/OIF/ _____ Other _____

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. Are you able to push a veteran in a wheelchair up a slight incline? Yes: _____ No: _____

7. Can you lift and carry 100+ pounds? Yes: _____ No: _____

8. Height _____ Weight _____

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: (M, L, XL, XXL, XXXL) _____

11. Please note any medical experience and/or training you may have (e.g., EMT, CPR, Paramedic, R.N.?)

12. Have you previously served as an Honor Flight Guardian? _____

When and where? _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **CM 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 **CM Honor Flight** program. I hereby release the photographer and **CM Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **CM Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **CM 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 neither CM Honor Flight nor the provider of aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other CM Honor Flight activities and will not hold CM Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of CM Honor Flight responsible for any injuries incurred by me while participating in the CM Honor Flight program.
3. **I agree and understand that I will pay for my own transportation cost in the amount \$300.00 pp**

SIGNATURE: _____ DATE: ____/____/____

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

Please submit this form to: **Central Missouri Honor Flight**
1400 Forum Blvd., Ste. 1-C, Box 334
Columbia, MO 65203

Or e-mail to: centralmissourihonorflight@yahoo.com

For office use only:

Date Received: _____ Time: _____

Updated 6/20/2014