GUARDIAN APPLICATION

Date Rec'd



High Plains Honor Flight would not be possible without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veterans has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans at departure, the airport, during the flight, at the hotel, and at the memorials. Guardians are required to make a donation of at least \$1,000. To help defray the cost of their trip. This donation is tax deductible, non-refundable, but only due once a guardian has been selected and agreed to serve on a specific flight. High Plains Honor Flight pays all travel expenses, lodging, and meals. Guardians are responsible for other incidentals.

- Guardians must be at least 21 and no more than 70 (unless approved by The Board)
 - Spouses or partners of veterans may not serve as Guardians on the same trip ■
- All prospective Guardians must be within 300 miles of Ault, CO and attend a mandatory Guardian Training session ■

			<u>GUAF</u>	RDIAN INFORM	ATION		
First Name	Name	as it app	Initia ears on	al La your picture ID, for ai	ast Name rline trave		
Date of Birth				Nickname			
Address		City State					Zip
Cell Phone	Other Phone						
Email Gender Male Female	T-5 S	Shirt Size M	L	Note: T-Shirts and jack		You must have email to be able to receive necessary information	
A 16 6 V/	XL	2XL	3XL	accordingly			
Are you a relative of a Vete	ran travelin	g on this i	Honor F	light? Yes	No		
If yes, their name Have you been a Guardian	on a previo	ue Hiah F	Plaine H	onor Fliaht? Ye	es N	0	
If yes, tell us when	on a provio	ao mgm	idilio I i	onor riigine:		-	
Why are you volunteering to	o be a Guar	dian?					

EMERGENCY CONTACT INFORMATION

Name Relationship

Primary Phone/Cell Address OR Email

PERSONAL REFERENCE

Name Relationship

Primary Phone/Cell

Address OR Email

ADDITIONAL GUARDIAN INFORMATION Experience: list your occupation and any medical or other relevant experience or training that you have (i.e. EMT, CPR, Paramedic, Etc.) Occupation Medical Exp. Other Exp. Do you have any physical disabilities, and/or medical conditions that would limit your ability to fulfill the duties of a No Guardian? Yes If yes, describe? Do you have any drug allergies? Yes No If yes, list Nο

PLEASE REVIEW CAREFULLY AND SIGN

Where

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our website. By signing below, you release the photographer and High Plains Honor Flight from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of High Plains Honor Flight promotional material and publications, and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand that medical expenses will be your responsibility and that you understand that High Plains Honor Flight does NOT provide medical care. Understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold High Plains Honor Flight liable for injuries, accidents, or illness sustained while participating in the program.

You confirm your understanding of the physical activity required during the trip. This may include helping veterans up and down steps, over obstacles, pushing a veteran in a wheelchair, handling baggage, and other activities that you may be called on to perform

You further understand that your primary responsibility will be the safety and well being of the veterans traveling on the trip. This is not a trip for your own personal sigh seeing or visiting with and escorting any specific individual. You will be under the direction of the High Plains Honor Flight officers responsible for the trip. If you are traveling with a specific veteran, you understand and agree that you will also be required to care for and assist all the veterans that your are assigned to.

Honor Flight trips begin and end at locations designated by High Plains Honor Flight, currently in Loveland, CO, and all guardians are required to participate in the entire trip

Guardian's Signature		Date
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Mail application to: **High Plains Honor Flight** PO Box 363 Ault, CO 80610

Are you a veteran?

Branch

Yes

If yes, indicate your branch of service, where and when you served

When

Learn more at www.highplainshonorflight.org or call (970) 409-4188