

**NOTE!! THIS FORM IS FOR LA CROSSE WISCONSIN FLIGHTS ONLY!!**

**FIND YOUR CLOSEST HUB AT:**

[www.honorflight.org/national-hubs/](http://www.honorflight.org/national-hubs/)



## GUARDIAN APPLICATION

Guardians play a significant role on every *Freedom Honor Flight*, ensuring that every veteran has a **safe** and memorable experience. Duties include, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. **Guardians must be between 18 and 70 years of age.** Guardians are also responsible for their own expenses (airline fare, etc.). For further information, please contact us at (608) 784-1015 or [www.freedomhonorflight.org](http://www.freedomhonorflight.org). Thank you for your support!

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
(As it appears on your ID for airline travel) (If applicable)

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

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

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? YES NO (circle one)

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

\_\_\_\_\_

1. How did you learn about the Freedom Honor Flight organization?

\_\_\_\_\_

2. Why are you volunteering for Freedom Honor Flight?

\_\_\_\_\_

3. Please list any prior volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

4. Please list one (1) personal reference:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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

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

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

5. Please list one (1) emergency contact: Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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

**PLEASE COMPLETE BACK PAGE**

6. Are you requesting to travel with a specific veteran, if possible? **Yes No** (circle one)  
If yes, please name the veteran: (Please note that completed veteran application must be submitted separately)  
**(Note: Spouses may not serve as Guardians for their wife or husband)**

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7. Can you lift 100 pounds? **Yes No** (circle one)

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

10. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics),

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**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

**PUBLICITY**

1. As photographic and video equipment are frequently used to memorialize and document Freedom 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 Freedom Honor Flight program. I hereby release the photographer and Freedom Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Freedom Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Freedom Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. I hereby give my permission to Freedom Honor Flight to release my name and telephone to news media. I understand I am under no obligation to consent to interviews with news media.

**INSURANCE**

2. I further state that medical insurance is the responsibility of the individual passenger and I understand that Freedom Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Freedom Honor Flight activities and will not hold Freedom Honor Flight responsible for any injuries incurred by me while participating in the Freedom Honor Flight program.

**PAYMENT**

3. I further agree that I will furnish payment in full to Freedom Honor Flight by no later than twenty (20) days prior to the departure of the flight to which I am assigned. I understand that failure to furnish payment by that deadline will result in my being removed from the flight.

SIGNED\*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail applicants will be required to sign prior to actual trip date)

**Please submit this form to:**  
Freedom Honor Flight, Inc.  
ATTN: Guardian Application  
P. O. Box 505  
La Crosse, WI 54602-0505

Or e-mail to: [guardians@freedomhonorflight.org](mailto:guardians@freedomhonorflight.org)