



BIG APPLE HONOR FLIGHT GUARDIAN APPLICATION

Big Apple 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 physically assisting the veterans at the airport, during the flight, and at the memorials. On top of supporting our veterans on flight day, guardians also subsidize the cost of our flight by paying their own way. The cost to be a guardian is \$500. Please make checks payable to Big Apple Honor Flight or BAHF. Checks WILL NOT be cashed without consent until you have been accepted onto our next flight. Due to the fact that family members of our veterans are given priority, there is no guarantee that filling out this application will reserve you a spot on the upcoming flight. However, you will immediately be placed on our waiting list, which will carry over to future flights. *For further information, please contact us at 929-251-5120.*

FULL NAME: _____
As it appears on your driver's license or government ID.

ADDRESS: _____

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

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

E-MAIL ADDRESS: _____

DOB: _____ **GENDER:** M ___ F ___ **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, if any:

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 local emergency contact:

Name: _____ Relationship to applicant: _____
Phone: _____

6. Are you requesting to travel with a specific veteran, if possible? _____ Yes _____ No

If yes, please name the veteran:

Please note that a completed "Veteran Application" must be submitted as well

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.

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 and **Honor Flight** 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 guardian 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 Network activities and will not hold Honor Flight, the Flight Provider, 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.

SIGNATURE: _____

DATE: ____/____/____

***Please submit completed applications to:
Big Apple Honor Flight
P.O. Box 190
Montgomery, NY 12549***