



## GUARDIAN APPLICATION

*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 the veterans at the airport, during the flight and at the memorials. **Guardians are also responsible for their own expenses** (airline fare, etc.). For further information, please visit us at [www.honorflightsd.org](http://www.honorflightsd.org), email us at [honorflightsd@gmail.com](mailto:honorflightsd@gmail.com) or send inquire to Honor Flight of South Dakota, P. O. Box 947, Sioux Falls, SD 57104. Thank You for your support.

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D YR

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

(As it appears on your ID for airline travel) (If applicable)

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

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

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

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

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 (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. Please identify the city(ies) from which you would be able to fly from as a Guardian. For a list of active cities, visit "Regional Programs" on our website at <http://www.honorflightsd.org> or email us at [honorflightsd@gmail.com](mailto:honorflightsd@gmail.com).

City(ies): \_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

7. 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)

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 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 veteran and I understand that ***Honor Flight*** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Honor Flight*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program

SIGNED\*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN

Please submit this form to: **Honor Flight of South Dakota**

**ATTN: Veteran Application**

**P O Box 947**

**Sioux Falls, SD 57104**