



HUDSON VALLEY HONOR FLIGHT GUARDIAN APPLICATION

Hudson Valley 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.

Being a Guardian is a JOB! It is very rewarding, but hard work, as well. **You will be REQUIRED to attend a Guardian Training Session.** Duties include physically assisting the veterans at the airport, during the flight and at the memorials.

Guardians may be assigned more than one veteran – even if you are accompanying a family member.

On top of supporting our veterans on flight day, guardians also help subsidize the cost of our flight by paying their own way. **The cost to be a guardian is \$400.** Checks are made payable to **Hudson Valley Honor Flight.** Please wait until you are contacted by our Guardian Coordinator before mailing your check.

Due to the fact that a family member of our veterans is 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. To be eligible to fly with us, guardian applications **MUST** be received no later than 5 weeks prior to flight day.

For further information, please contact us at (845) 391-0076.

NAME: _____

(As it appears on the ID you will be using on Flight Day.)

NICKNAME (if any): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: Home: _____ Cell: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: Male Female OCCUPATION: _____

ARE YOU A VETERAN? YES NO

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

1. How did you learn about Hudson Valley Honor Flight?

2. Why do you want to be a Guardian on an Honor Flight?

3. Please list 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: _____
Address: _____
Phone Number: _____

6. Are you requesting to travel with a specific veteran, if possible? Yes No If yes, please **name** the veteran and your **relationship** to him/her:

*** NOTE ***

- A completed "Veteran Application" must be submitted separately
- Only **ONE** guardian may accompany each veteran – and you **may be assigned an additional veteran**, as well
- **Spouses and/or Significant Others may NOT serve as Guardians**

7. Being a Guardian is Physically Demanding. Can you:

- A) Easily walk approximately 2-3 miles throughout the day – pushing a veteran in a wheelchair all day?
Yes No
- B) Push a veteran in a wheelchair up a slight incline? Yes No
- C) Lift and support a veteran weighing over 100 pounds? Yes No

8. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the physical duties of a guardian. _____

9. T-shirt Size: (S, M, L, XL, 2XL, 3XL) _____

10. 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 **Hudson Valley Honor Flight ("HVHF")** 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 **HVHF** program. I hereby release the photographer and **HVHF** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HVHF** activities through video, photo, or other media, to be used solely for the purposes of **HVHF** 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 Hudson Valley Honor Flight ("HVHF") nor the provider of the aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other HVHF activities and will not hold HVHF, 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 HVHF program.

***SIGNATURE:** _____ **DATE:** ____/____/____

Please submit completed applications to:

**Hudson Valley Honor Flight
P.O. Box 375
Walden, NY 12586**