



# 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. To ensure the safety of our veterans, we are very selective in who is invited to serve as a Guardian. Hudson Valley Honor Flight recommends that Guardians who serve as volunteers on Flight Day be at least one generation removed (younger) from the Veteran they are accompanying.

Being a Guardian is a JOB! It will be a LONG day, but perhaps one of the most rewarding “work” days you will ever experience. Duties include physically and emotionally assisting Veterans throughout the trip.

Guardians are **REQUIRED to attend a Guardian Training Session**. This will take place two weeks prior to the flight. 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 Guardian Donation is \$500. Checks can be made out to Hudson Valley Honor Flight. Please do not send payment until our Guardian Coordinator has contacted you.

**Full Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
(as it appears on your ID for airline travel) (preferred name for name tag)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Gender**  Male  Female **T-Shirt Size**  S  M  L  XL  XXL  XXXL

**Are you a Veteran?**  Yes  No **Branch & Time Period:** \_\_\_\_\_

**Please list medical experience you may have (e.g. EMT, CPR, Paramedic, RN, MD, etc.):** \_\_\_\_\_

**Emergency Contact** (someone available the day you travel, not traveling with you)

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Please list one Personal Reference**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

Have you been on an Honor Flight before? \_\_\_\_\_

How did you learn about Hudson Valley Honor Flight? \_\_\_\_\_

Why do you want to be a Guardian on an Honor Flight? \_\_\_\_\_

Volunteer & Work Experience \_\_\_\_\_

Are you requesting to travel with a specific Veteran?  Yes  No

If yes, Veterans's name & relationship \_\_\_\_\_

A completed Veteran application must be submitted separately

Only **ONE** Guardian may accompany each veteran and you may be assigned an additional veteran

Guardians should be one generation removed (younger) from the Veteran they are accompanying

**Spouses and/or Significant Others may NOT serve as Guardians**

Being a Guardian can be physically and emotionally demanding. Can you:

A) Easily walk approximately 3-4 miles throughout the day, pushing a veteran in a wheelchair?  Yes  No

B) Can you push a veteran (175 lbs or more) in a wheelchair up an incline?  Yes  No

C) Can you lift 100 lbs?  Yes  No Can you support a veteran weighing over 100 lbs?  Yes  No

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

***PLEASE REVIEW CAREFULLY AND SIGN:***

The undersigned acknowledges and agrees that:

A) As photographic & video equipment are frequently used to memorialize & document ***Hudson Valley Honor Flight*** (HVHF) trips & events, his/her image may appear in a public forum, such as the media, social 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 & liability relating to said photographs & videography. I hereby give permission for my images captured during HVHF activities through photo, video, or other media, to be used solely for the purposes of HVHF promotional material & publications, and waive any rights or compensation or ownership thereto.

B) I further state that medical insurance is the responsibility of the guardian & I understand that neither Hudson Valley Honor Flight (HVHF) nor the provider of the aircraft (Flight Provider) provided medical care. I understand that I accept all risks associated with travel and other HVHF activities & 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