



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 MANDATORY Guardian Training Session. This will typically take place two weeks prior to the flight. FAILURE to attend Training will make you INELIGIBLE to participate.

On top of supporting our Veterans on flight day, Guardians also help subsidize the cost of our flight by paying a Guardian Fee. The Guardian Fee at this time 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 _____ **Gender** Male Female

Height _____ **Weight** _____ **T-Shirt Size** S M L XL 2XL 3XL

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

Occupation _____

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** _____

Please list one Personal Reference

Name _____ **Relationship** _____

Cell Phone _____ **Home Phone** _____



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

Guardians are **REQUIRED** to be one generation removed (younger) from the Veteran they are accompanying

Spouses and/or Significant Others can NOT serve as Guardians

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

A) Easily walk approximately 8-9 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 or uneven terrain? 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 required 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.

C) I acknowledge and understand that Guardian Training is **MANDATORY** _____ (Initial)

SIGNATURE: _____ DATE: _____

Please submit completed applications to:

Hudson Valley Honor Flight

P.O. Box 375

Walden, NY 12586