



## FLIGHTLESS HONOR FLIGHT

## 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 during the “VIRTUAL” flight and at the museums. Guardians are also responsible for their own expenses(\$75 to cover expenses) For further information, please contact us at **(816) 215-2746** or **www.honorflightkc.org**. Thank you for your support.

Name		Nickname	
(Full name as it appears on Driver's License)			
Address	City	State	Zip
Phone Day	Evening	Mobile	
Email	DOB	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Please indicate T-Shirt Size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, <input type="checkbox"/> XL, <input type="checkbox"/> XXL, <input type="checkbox"/> XXXL <input type="checkbox"/> Other			
Occupation		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If a veteran, please indicate BRANCH of service and WHEN and WHERE you served:			
• How did you learn about the Honor Flight organization?			
• Why are you volunteering for Honor Flight?			
• Please list any prior volunteer experience:			
• Please list one (1) personal reference:			
Name		Relationship to applicant	
Address	City	State	Zip
Email			
Phone Day	Evening	Mobile	

• Please list one (1) emergency contact:			
Name		Relationship to applicant	
Address		City	State      Zip
Email			
Phone Day		Evening	Mobile
• Are you requesting to travel with a specific veteran, if possible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please name the veteran: (Please note that specific veteran application may be submitted together or separately)			
Name of veteran:			
• Are you able to push a veteran in a wheelchair up a slight incline? <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Can you lift 100 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
• 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.			
• Please note any medical experience you may have (e.g. EMT, CPR, Paramedics)			
**MAKE CHECKS PAYABLE TO HFNKC (HONOR FLIGHT NETWORK OF KANSAS CITY FOR \$75)			

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

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.

I further state that medical insurance is the responsibility of the veteran 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

(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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please submit this form to:  
Honor Flight of Kansas City, P.O. Box 46718, Kansas City, MO 64188  
Or E-mail to: [hfnofkclist@gmail.com](mailto:hfnofkclist@gmail.com)