



Guardian Application

Honor Flight Historic Triangle Virginia would not be successful without the efforts and support of our Guardians as they play a significant role to ensure every veteran has a safe and memorable experience. Duties include but are not limited to physically assisting the veterans from the time of departure, during the various visits, and upon return. Guardians are requested to make a minimum donation of \$75 to cover the cost of their own expenses and higher contributions are welcomed with appreciation. Guardians are required to attend a training sessions that will be schedule during the month before the trip. Communications is primarily by email so Guardians must provide an email address that is monitored frequently. For further information, please contact us via e-mail at HonorFlightHTVA@cavtel.net or by phone at 1-877-424-VETS (8387) or visit our website at www.HonorFlightHTVA.org. We thank you for your support!

Contact Information:

Your Name: _____ Nickname: _____
(As it appears on your ID for travel) (If Applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

E-mail Address: _____ Age: _____ Weight: _____

How did you hear about Honor Flight Historic Triangle Virginia? _____

Tee Shirt Size: S___ M___ L___ XL___ XXL___

Are you a veteran? Yes No

If a veteran, please indicate which branch and when & where served: _____

Why are you volunteering for Honor Flight Historic Triangle Virginia? _____

Please list any prior volunteer experience. _____

Emergency Contact (Someone available by phone the day you travel)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

Please list one personal reference (someone not related to you who can speak to your character)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

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

If Yes, please list the veterans full name (A separate veteran application must be submitted for this person):

Are you able to push someone in a wheelchair for an extended period of time? Yes No

Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to perform the duties of a Guardian. Also, please list any medications being taken and how often.

Please list any medical experience you may have. (e.g. EMT, CPR, Paramedic, etc.)

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 Historic Triangle Virginia** trips and events, my 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 Historic Triangle Virginia** program. I hereby release the photographer and **Honor Flight Historic Triangle Virginia** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Historic Triangle Virginia** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Historic Triangle Virginia** promotional material and publications and waive any rights of compensation or ownership thereto.

2) I further state that medical insurance is my responsibility and I understand that **Honor Flight Historic Triangle Virginia** does **not** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight Historic Triangle Virginia activities** and will not hold **Honor Flight Historic Triangle Virginia** responsible for any injuries incurred by me while participating in the **Honor Flight Historic Triangle Virginia** program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Honor Flight Historic Triangle Virginia, Inc. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against the organization known as Honor Flight Historic Triangle Virginia, Inc. for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight Historic Triangle Virginia, Inc. organization.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Historic Triangle Virginia, Inc. organization for all damages, expenses and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight Historic Triangle Virginia, Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight Historic Triangle Virginia, Inc. organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Historic Triangle Virginia, Inc. organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight Historic Triangle Virginia, Inc. organization which is caused by my simple negligence.

I further understand that the term Honor Flight Historic Triangle Virginia, Inc. organization includes the non-profit organization known as Honor Flight Historic Triangle Virginia, Inc., any officer, agent and/or employee thereof.

Signature * : _____ Date: _____

Parent / Guardian Printed Name **: _____ Signature **: _____
(If Applicable)

- * E-mail applicants must sign prior to providing Guardian Services
- ** If applicant is under 18, a parent / guardian must also print and sign their name

Please print, sign / date, and submit this form to:

Honor Flight Historic Triangle Virginia
Attn: Guardian Application
P.O. Box 798
Lightfoot, Virginia 23090-0798

or fax it to **(757) 257-0356**