

# 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 trip and at the memorials. Guardians are also responsible for their own expenses. For further information, please contact us at (856) 589-5072 or visit us a [www.sjhonorflight.org](http://www.sjhonorflight.org).

**YOUR FULL NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**WHAT IS YOUR TEE SHIRT SIZE (S, M, L, XL, XXL, XXXL):** \_\_\_\_\_ **GENDER (M OR F):** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **ARE YOU A VETERAN?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If a veteran, please indicate **BRANCH** of service, and **WHEN** and **WHERE** you served: \_\_\_\_\_

1. How did you learn about the Honor Flight organization? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteering experience? \_\_\_\_\_

4. Please list one (1) personal reference: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

5. Please list one (1) emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

6. Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name the Veteran: (Please note that completed veteran application must be submitted separately)

7. Are you able to push a veteran in a wheelchair up a slight incline? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Can you lift 100 pounds? ? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. 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. \_\_\_\_\_

---

---

---

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

SIGNATURE\*: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(EMAIL APPLICANTS WILL BE REQUIRED TO SIGN PRIOR TO TRIP DATE)

If under 18, a parent/guardian must also sign and date below.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*There is a fee of \$85.00 for Guardians. Checks only please made payable to:  
Honor Flight of Southern New Jersey**

**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I \_\_\_\_\_, am about to voluntarily participate in various activities, including flying activities, of the Honor Flight™ Inc., as passenger. 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 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(TM) 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(TM) 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™ Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight(TM) Inc. organization.

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

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

The undersigned hereby waives all claims of liability that the passenger or passenger’s legal representatives, heirs, successors, and assigns may have against Honor Flight, its officers, agents, directors, employees, legal representative, and their successors and assigns. The passenger covenants not to initiate a lawsuit or administrative complaint or charge or commence any sort of action or proceeding whatsoever against Honor Flight or its current and former officers, agents, directors, employees, legal representative, their successors and assigns at any time. The passenger will notify Honor Flight of such consideration or decision and give Honor Flight™ Inc. ninety (90) days to resolve the issues before pursuing any such claim or action.

The undersigned passenger assumes the risks of injury or death in connection with the activities of Honor Flight. The passenger acknowledges that there may be risks, either not known to the passenger or not readily foreseeable, and the passenger fully accepts and assumes all such risks and responsibility for losses, costs and damages the passenger may incur as a result of the passenger’s participation in the activities on behalf of him/herself, his/her personal representatives, heirs, successors, assigns, and children, whether the risks are caused by the negligence of Honor Flight or any person otherwise.

DATE	SIGNATURE
SIGNATURE OF HONOR FLIGHT OFFICIAL	

I authorize Honor Flight™ Inc. officials to release my contact information (home phone and address) to other requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants. Please circle one and initial: YES NO Initials \_\_\_\_\_.

**MEDICAL INFORMATION**

The purpose of this form is to provide Honor Flight™ Inc. and/or emergency medical Technician's information about the participants should an emergency arise.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Known allergies to medications: \_\_\_\_\_

\_\_\_\_\_

Known medical conditions (attach list of medications)

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please list the name, address and phone number of the person(s) you would like Honor Flight™ Inc. to contact on your behalf.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I hereby authorize the Honor Flight™ Inc. organization, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Honor Flight™ Inc. organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

**Please submit this form to:**

**Honor Flight c/o Pontano  
176 Dorado Ave.  
Sewell, NJ 08080**

**For more information:**

**Phone: Pam & Ron (856) 589-5072  
Email: [honorflightnj@comcast.net](mailto:honorflightnj@comcast.net)  
[www.sjhonorflight.org](http://www.sjhonorflight.org)**