

DATE RECEIVED: _____



Guardian Application

Honor Flight Southern Nevada (HFSN) 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. You **MUST** be able to lift a wheelchair, walk long distances pushing a wheelchair, assist veterans getting on and off the bus and physically assisting the veterans during the flight and at the memorials. **Guardians are responsible for their own expenses (airline fair, etc. that would be paid to HFSN, past fees have been \$900) SPOUSES MAY NOT BE GUARDIANS.**

For further information, please contact 702-749-5912, or www.honorflightsouthernnevada.org.

Thank you for your support!

NAME: _____ (as on identification) DATE: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/Day _____ Evening: _____ Mobile: _____

EMAIL ADDRESS: _____ AGE: _____ Birthdate _____ (mm/dd/yyyy)

OCCUPATION: _____ -ARE YOU A VETERAN? Yes__ No__

If you are a veteran, please indicate the BRANCH of service, WHEN and WHERE you served: _____

- Are you requesting to travel with a specific veterans, if possible? ____Yes ____No
If yes, please name the veterans. (Note that completed veteran applications must be submitted separately)

- How did you learn about the Honor Flight Southern Nevada organization?

- Why are you Volunteering for Honor Flight Southern Nevada?

- Please list any prior volunteer experience:

- Please list one (2) personal references:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers- Day: _____ Evening: _____

Relationship to Applicant: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers- Day: _____ Evening: _____

Relationship to Applicant: _____

6. Please list one (1) emergency contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers- Day: _____ Evening: _____

Relationship to Applicant: _____

7. Are you able to push a veteran in a wheelchair up a slight incline all day? ____ 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. T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

11. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics)

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 Southern Nevada (HFSN) and the Honor Flight Network (HFN)** 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 **HFSN and the HFN** program. I hereby release the photographer and **HFSN and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFSN and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSN and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that **HFSN and the HFN** does NOT provide medical care. I understand that I accept all risks associated with travel and other **HFSN and the HFN** activities and will not hold **HFSN and the HFN** responsible for any injuries incurred by me while participating in the **HFSN and the HFN** program.
- I, _____, hereby authorize **HFSN and the HFN** to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that **HFSN and the HFN** may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for this volunteer position will not be processed further.

SIGNED: _____ **DATE:** ____/____/____

(Email applicants will be required to sign prior to actual flight date)

***If under 18, parents/guardian must also sign and date below.**

_____ **DATE:** ____/____/____

PARENT/GUARDIAN SIGNATURE

Please submit this form to: 2190 E. Pebble Rd, Suite 150 Las Vegas NV 89123

OR scan and Email to: BelindaM@honorflightsouthernnevada.org

OR fax to: 702-749-5933