



Guardian Application

Honor Flight Kern County (HFKC) would not be successful without the generous support of our guardians. Guardians play a vital and significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but are not limited to: physically assisting the veterans at the airport, during the flight, at the hotel and at the memorials. Guardians pay their own travel expenses. Payment includes all expenses for trip – air & ground travel, hotel & meals, except souvenirs. Payment will be due 30 days before the flight. All applicants may be subject to a Live Scan review. Guardians must be at least 18 years of age. **For further information, please contact - 661-544-vets (8387). Thank You!**

NAME: _____ Preferred name to be called: _____

(As it appears on your driver's license or government picture ID – include middle name) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE/Day: _____ Evening: _____ Mobile: _____

E-MAIL: _____ AGE: _____ DOB: ____/____/____ GENDER: ____M ____F

OCCUPATION: _____ EMPLOYER: _____

ARE YOU A VETERAN? YES NO If yes, please indicate BRANCH of service, WHEN, and WHERE you served:

Are you requesting to travel with a specific veteran, if possible? ____YES ____NO

If yes, name of veteran: _____ Relationship to veteran: _____

(A completed **Veteran Application** must be submitted. Please call 661-544-VETS (8387) for application(s).)

1. How did you hear about the **Honor Flight**? Newspaper, Radio, TV, Friend, Relative, other _____

2. Why are you volunteering for **Honor Flight**? _____

3. Please list any prior volunteer experience: _____

4. Please list (1) personal reference:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

5. Please list one (1) emergency contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

PLEASE COMPLETE SECOND PAGE

6. Are you able to **push a veteran in a wheelchair** up a slight incline? _____ YES _____ NO
7. Are you able to **be on your feet** (possibly pushing a wheelchair) for 6 hours per 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. _____

11. Please note any **medical experience** you may have (e.g., CPR, EMT, Paramedic, RN, PA, MD): _____

12. **T-shirt size:** (S, M, L, XL, XXL, XXXL): _____ **Jacket size:** (S, M, L, XL, XXL, XXXL): _____

13. Have you been to Washington D.C. or the memorials? _____ Yes _____ No If yes, when _____

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 Kern County (HFKC) and the Honor Flight Network (HFN)** 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 **HFKC and the HFN** program. I hereby release the photographer and **HFKC and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFKC and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFKC and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that **HFKC and the HFN** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **HFKC and the HFN** activities and will not hold **HFKC and the HFN** responsible for any injuries incurred by me while participating in the **HFKC and the HFN** program.

SIGNED: _____ **DATE:** _____ / _____ / _____
(E-mail applicants will be required to sign prior to actual flight date)

Please mail to:

**Honor Flight Kern County
ATTN: Guardian Application
8200 Stockdale Highway
Suite M-10, Box 255
Bakersfield, CA 93311**

or Sign, Scan, and E-Mail to: honorflightkerncounty@yahoo.com

HFKC use only: _____
Interview Training