



Last Name: _____ Date _____

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, hotel, memorials, and during the flights. **Guardians pay their own travel expenses.** Costs (\$1,200 – subject to change) include all expenses for trip – air & ground travel, hotel & meals and any admission fees. Souvenirs are not included. Payment is due 30 days prior to flight. All applicants may be subject to a Live Scan review as well as an interview. Being a guardian is physically strenuous as there is much walking (up to 7 miles a day), lifting, and pushing transport chair up mild inclines. Please be aware of the physical demands when making your application. Spouse, companions, and siblings will not be considered as guardians for guardians.. **For additional information, please call 661-544-VETS (8387) or visit our website www.honorflightkerncounty.org**

NAME: _____ Preferred name: _____

(Print your name as it appears on your Gov't issued ID (first, middle, & last name) (If Applicable)

Address: _____

City: _____ State _____ Zip _____

Phone/Day: _____ Evening: _____ Mobile: _____

E-Mail: _____

Age at time of application: _____ DOB: _____ / _____ / _____
Month Day Year Gender: ___M ___F

OCCUPATION: _____ EMPLOYER: _____

Alternate contact (not living with you) Name: _____

Phone: _____ E-Mail: _____ Relationship: _____

Emergency Contact Information (someone available the days you travel)

Name: _____ Relationship: _____

Address: _____

Phone/Day: _____ Evening: _____ Mobile: _____

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. Are you able to **push a veteran in a wheelchair** up a slight incline for a long distance without help? _____ YES _____ NO
6. Are you able to **be on your feet** (possibly pushing a wheelchair) for 6 hours per day? _____ YES _____ NO
7. Can you **lift 100 pounds**? _____ YES _____ NO
8. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. _____

Current medications (This information is in the event of a medical emergency.) _____

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, INITIAL, 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:** ____ / ____ / ____

SIGNED: _____ **DATE:** ____ / ____ / ____
Signature of legal guardian if applicant is under the age of 18

(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 Scan and E-Mail to: info@honorflightkerncounty.org

HFKC use only: _____
 Interview Training