



## 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 14 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. Please note - Spouse, companions, and siblings will not be considered as guardians. **For additional information, please call 661-544-VETS (8387) or visit our website [www.honorflightkerncounty.org](http://www.honorflightkerncounty.org)**

**NAME:** \_\_\_\_\_ Preferred name: \_\_\_\_\_

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

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

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

Phone/Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Age at time of application: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_M \_\_\_F  
Month Day Year

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: \_\_\_\_\_ Mobile: \_\_\_\_\_

**ARE YOU A VETERAN?** YES \_\_\_ NO\_\_\_ If yes, WHAT BRANCH of service, WHEN, and WHERE you served:

Branch \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

**Are you requesting to travel with a specific veteran?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of veteran. \_\_\_\_\_ Relationship to veteran \_\_\_\_\_

Conflict veteran served in \_\_\_\_\_ Veteran Phone number \_\_\_\_\_

How did you **hear** about the *Honor Flight*? Newspaper, Radio, TV, Friend, Relative, other \_\_\_\_\_

Why are you **volunteering** for *Honor Flight*? \_\_\_\_\_

List any prior **volunteer experience:** \_\_\_\_\_

Please list (1) **personal reference:**

Name: \_\_\_\_\_

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

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

Phone Numbers: Day: \_\_\_\_\_ cell: \_\_\_\_\_

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

YES \_\_\_ NO \_\_\_ Are you able to **push a veteran in a wheelchair** up an incline without assistance?

YES \_\_\_ NO \_\_\_ Are you able to **be on your feet** (possibly pushing a wheelchair) for **8 hours per day**?

YES \_\_\_ NO \_\_\_ Can you **lift 100 pounds**?

YES \_\_\_ NO \_\_\_ Can you **walk 7 miles or more** a day without difficulty?

If you answered NO to any of the above questions, please explain restrictions \_\_\_\_\_

Please identify any physical disabilities 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.) \_\_\_\_\_

please note any **medical experience** you may have (e.g., CPR, EMT, Paramedic, RN, PA, MD, NP): \_\_\_\_\_

**T-shirt size:** (S, M, L, XL, XXL, XXXL): \_\_\_\_\_ **Jacket size:** (S, M, L, XL, XXL, XXXL): \_\_\_\_\_

Have you visited Washington D.C. or seen 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](mailto:info@honorflightkerncounty.org)

**HFKC use only:** \_\_\_\_\_

**Interview**

**Training**