GUARDIAN APPLICATION

Guardians accompany veterans on every flight to provide assistance and ensure a safe, meaningful, and memorable experience.

Guardians must be able to push the veteran in a wheelchair for a majority of the time in Washington, D.C. Please Note: A spouse, significant other, or partner is not eligible to serve as a guardian.

Honor Flight is successful due to the assistance and generous support of our guardians. We request guardians contribute $400 toward the expense of the flight. We thank you for your support.

Applicant Information

_____ _____

Name: First, middle and last name (as it appears on your ID) Nickname (if applicable)

_____ _____ M F S M L XL 2XL 3XL _____

Age Date of Birth (circle one) T-Shirt Size Weight (for flight manifest)

_____

Address

_____ _____ _____ _____

City County State Zip

_____ _____ _____

Phone Cell Phone E-mail address

Are you a Veteran?

_____ _____

Branch of Service Dates of Service

Your Era (circle one): WORLD WAR II KOREAN WAR VIETNAM COLD WAR OTHER

Emergency Contact Information

_____ _____

Contacts Name Contacts relationship to Guardian

_____ _____ _____

Contacts Phone Contacts Cell Phone Contacts E-mail address

GUARDIAN APPLICATION

Veteran Information

_____ _____

Accompanying Veteran Name | Guardian's relationship to Veteran

ALL TRAVELERS: A valid, unexpired government-issued photo ID is required for air travel. Please be sure to bring your ID with you to the airport. THE NAME ON THE ID MUST MATCH THE NAME YOU'VE PROVIDED ON THIS APPLICATION. After October 1, 2020, only the Enhanced or Real ID (or Passport) will be accepted to travel on a flight.

Disclaimer and Signature

PLEASE REVIEW AND SIGN:

The Undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Honor Flight activities through video, photo or other media, to be used solely for the purpose of Honor Flight promotional material, publications, social media and website, and waive any rights or compensation or ownership thereto.

2. I understand that Honor Flight does not provide insurance.

SIGNED: _____

DATE: _____

Please submit this application to:

North Country Honor Flight, Inc.
P.O. Box 2644, Plattsburgh, NY 12901