

Coastal Georgia Honor Flight, Inc.

P.O. Box 20466

St. Simons Island, GA 31522

Email: info@coastalgeorgiahonorflight.org

Phone: 912.434.6160 or 615.351.6312

www.coastalgeorgiahonorflight.org



An Official Hub of the
Honor Flight Network®

GUARDIAN APPLICATION - 2018

Coastal Georgia Honor Flight, Inc. 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**, memorable and rewarding experience. Duties may include physically assisting mobility-impaired elderly veterans all day long. Spouses and significant others are NOT allowed to be guardians. Guardians MUST be at least 18 years of age. We reserve the right to approve or disapprove any guardian.

This application and a \$500.contribution is required of all guardians. PLEASE INCLUDE YOUR CONTRIBUTION WITH THIS APPLICATION. Your application will *not* be considered without payment. If for some reason you are not accepted as a guardian or cancel your participation, you will have the option of having your contribution returned, or leaving all or part of it with Honor Flight as a donation.

Please print clearly (Name MUST be exactly as it is on your license/photo I.D. for airport security reasons).

LAST NAME: _____ FIRST: _____ MIDDLE: _____

NICK NAME (if any, for your name tag): _____ Please circle your T-shirt size: S, M, L, XL, XXL, XXXL

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE(S): WORK: _____ HOME: _____ MOBILE: _____

MUST HAVE

EMAIL ADDRESS: _____ WEIGHT: _____ AGE: _____ D.O.B. _____

OCCUPATION: _____ HOW DID YOU HEAR ABOUT HONOR FLIGHT: _____

FAMILY/EMERGENCY CONTACT (someone who will NOT be on the flight and will be available on flight day):

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONES: WORK: _____ HOME: _____ MOBILE: _____

Some of our veterans are in need of a lot of physical assistance getting around. Do you think you are you able to help a 200+ pound person in and out of a wheelchair several times and/or assist them up and down stairs several times over the course of the day? Yes: _____ No: _____

Do you think you are you able to push that person up or down a moderate incline, over a curb, etc.?Yes: _____ No: _____

IF YOU ARE A VETERAN, BRANCH : _____ CONFLICT(S) DURING WHICH YOU SERVED: _____

FROM: _____ TO: _____; HIGHEST RANK ACHIEVED: _____

Month/Year

Month/Year

Please list any other volunteer person-to-person experience, if any: _____

Please list one personal reference:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phones: Work _____ Home: _____ Mobile: _____

PLEASE REVIEW THE FOLLOWING CAREFULLY AND SIGN AND DATE WHERE INDICATED:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** 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 the ***Honor Flight*** program. I hereby release the photographer, ***Honor Flight***, and ***Coastal Georgia Honor Flight, Inc.*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight*** promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the guardian and I understand that neither ***Honor Flight*** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Honor Flight***, the Flight Provider, ***Coastal Georgia Honor Flight, Inc.***, veterans, volunteers, ***Honor Flight*** Support Members, or any person appearing or quoted in any advertisement or public service announcement or on behalf of ***Honor Flight*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program.

Signed: _____ Print Name: _____ Date: _____

Please mail this form and your check for \$500 to:

Coastal Georgia Honor Flight, Inc. Please note on check "Guardian Application"
Attn: Guardian Application
P.O. Box 20466
St. Simons Island, GA 31522

Questions? 912.434.6160 or 615.351.6312; Email: info@coastalgeorgiahonorflight.org