

GUARDIAN APPLICATION

For Leatherstocking Honor Flight Use Only:

LAST NAME: _____ Date Received: _____

Leatherstocking Honor Flight 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 and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the Memorials. Guardian fee includes airfare, private tour bus, lunch, dinner...everything needed for the Honor Flight day. We will notify you when payment is due. You will be contacted as the Honor Flight you will be on is being planned.

THANK YOU FOR YOUR SUPPORT

****NOTE: NAME MUST BE AS IT APPEARS on your ID for airline travel (license, passport, govt ID)**

Last Name _____ First _____ Middle Initial _____

NICK NAME: (if applicable) _____ Male or Female

AGE: _____ DOB: ____/____/____ County of Residence: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP _____

PHONE: () _____ () _____
Home Cell

E-mail Address: _____

T-SHIRT SIZE: **Sm Med Lg XL 2-XL 3-XL** Weight _____ lbs. Ht. _____

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

EMERGENCY CONTACT #1: (Someone who will be available the day you travel)

NAME: _____

PHONE: () _____ () _____
Home Cell

EMERGENCY CONTACT #2: (Additional contact person)

NAME: _____

PHONE: () _____ () _____
Home Cell

1. Are you requesting to travel with a specific Veteran? **Yes No**

If yes, please name the Veteran: _____

2. If needed, can you lift 100 pounds? **Yes No**

3. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian.

4. Please note any medical experience you may have (e.g., EMT, CPR, Paramedic, Nurse, Doctor)

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MEDICATIONS (NAME AND HOW OFTEN YOU TAKE IT)

<u>Medication</u>	<u>Taken How Often</u>	<u>Medication</u>	<u>Taken How Often</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug or food allergies? **Yes No** Please list: _____
Do you have a history of seizures? **Yes No** Please describe (i.e., grand mal, petit mal, other)

When was your last seizure: ___/___/___ If within the last five years, it is STRONGLY advised you discuss this trip with your private physician!

Additional Comments or Concerns: _____

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* 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/Leatherstocking Honor Flight* Program. I hereby release the photographer and *Honor Flight/Leatherstocking Honor Flight*, of all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight/Leatherstocking Honor Flight* Program to be used solely for the purposes of *Honor Flight/Leatherstocking Honor Flight* promotional materials and publications, and waive any rights or compensation or ownership thereto.

2. I further understand that *Honor Flight/Leatherstocking Honor Flight* does not provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight/Leatherstocking Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight* program.

Why are you interested in being a Guardian for Leatherstocking Honor Flight?

SIGNED: _____ DATE: ___/___/___

WW II Veterans and Veteran's spouses cannot serve as "Guardians"

Please submit this form to:

Rhonda Cooper/Leatherstocking Honor Flight

13 Native Dancer Lane, Saratoga Springs, NY 12866

LEATHERSTOCKING



HONOR FLIGHT

Call Rhonda Cooper, Honor Flight Coordinator (518) 878-2257 with questions

Leatherstockinghonorflight.org