

FOR HONOR FLIGHT USE ONLY L.N.: \_\_\_\_\_ D.R.: \_\_\_\_/\_\_\_\_/\_\_\_\_



### GUARDIAN APPLICATION

**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. **Guardians must be between the ages of 18 and 64 and be one generation (15 years) removed from the veteran. Applicants between 65-69 years of age may be considered with a medical review from one of our doctors. In addition, spouses and significant others may not serve as guardians. Guardians should be intellectually, physically and emotionally capable of caring for their veteran. We reserve the right to refuse any guardian application. Guardians are responsible for a \$500 "guardian fee."**

For further information, please contact us at (262) 238-7740 or [www.starsandstripeshonorflight.org](http://www.starsandstripeshonorflight.org). Thank you for your support.

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

FIRST MIDDLE LAST (IF APPLICABLE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. Please list one (1) emergency contact:

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

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

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

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

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

2. What is the name of the veteran you will be traveling with? (Please note that a completed veteran application also must be submitted.) \_\_\_\_\_

3. Are you able to push a veteran in a wheelchair up a slight incline? \_\_\_\_ Yes \_\_\_\_ No.

4. Gender (circle one): M F Weight: \_\_\_\_\_ Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail this form to: **Honor Flight, Inc.**  
**ATTN: Guardian Application**  
**P.O. Box 526**  
**Port Washington WI 53074-0526**

**OR Fax to: 262 546-5656**

**Or Scan and Email to: [sshfw@gmail.com](mailto:sshfw@gmail.com)**