

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. Guardians are responsible for a \$500 “guardian fee.”** For further information, please contact us at (262) 238-7740 or www.starsandstripeshonorflight.org.

NAME: _____ NICK NAME: _____
 (Please list your First, Middle and Last Name as it appears on your photo I.D.) (If Applicable)

ADDRESS: _____

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

PHONE: DAY: _____ EVENING: _____ CELL: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____

OCCUPATION: _____ ARE YOU A VETERAN? _____ YES _____ NO

- Please list one (1) emergency contact:**
 Name: _____ Relationship to applicant: _____
 Address: _____
 City/State/Zip: _____
 E-Mail Address: _____
 Phone Numbers. Day _____ Evening: _____
- What is the name of the veteran you will be traveling with?** (Please note that a completed veteran application also must be submitted.) _____
- Are you able to push a veteran in a wheelchair up a slight incline?** _____ Yes _____ No.
- Gender (circle one):** M F **Weight:** _____ **Shirt Size: (S, M, L, XL, XXL, XXXL)** _____

SIGNATURE : _____ DATE: ____/____/____

*By signing this document, you attest that you are the person named in this application (or their authorized representative) and that the information provided is true and accurate.

Stars and Stripes Honor Flight, Inc., reserves the right, at its sole discretion, to refuse, deny or reject any applicant or application for any reason at any time from participating in our mission.

Please mail this form to:

**Stars and Stripes 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