

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date Received: _____ / _____ / _____



Sponsored by
Rotary District 6960
Guardian Application

Name of Rotary Club
Presenting this Application: _____

Southwest Florida 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 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 are also responsible for their own expenses. For further information, please contact Sherry at 941-743-6419.

YOUR NAME: _____ NICK NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ DOB: _____ AGE: _____

OCCUPATION _____ ARE YOU A VETERAN? _____ YES _____ NO

ARE YOU A ROTARIAN? _____ WHICH ROTARY CLUB? _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

WHY ARE YOU VOLUNTEERING FOR HONOR FLIGHT? _____

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE: _____ E-MAIL: _____

PLEASE LIST ONE PERSONAL REFERENCE

Name: _____ Relationship: _____

Address: _____

CITY / STATE / ZIP _____

PHONE: Day: _____ Evening: _____ Mobile: _____

Cost for this special flight for guardians is \$500. Guardians will be responsible for this fee. Once arrangements are finalized for this flight, the number of guardians will be established. At that time, guardian applications will be reviewed and you will be notified.

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** program. I hereby release the photographer and **Honor Flight** 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 veteran and I understand that **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** responsible for any injuries incurred by me while participating in the **Honor Flight** program

SIGNED: _____ DATE: ____/____/____

**Please submit this form to: Southwest Florida Honor Flight
c/o Sherry L Penfield
11345 SW Essex Dr
Lake Suzy, FL 34269**

