



# HONOR FLIGHT RIO GRANDE VALLEY

## Guardian ★ Application

1-888-410-0450  
honorflightRGV.org

We would not be successful without the generous support of our guardians and please understand that our guardian slots are limited on each flight and very physically demanding. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the Veterans at the airport, during the flight and at the memorials. **Guardians are asked to make a tax deductible donation of \$400.00** to Honor Flight Rio Grande Valley to help off-set the cost of airfare, food, buses, hotel expenses, etc. For further information, please contact **HONOR FLIGHT RIO GRANDE VALLEY** at 1-888-410-0450 or visit our website at <http://www.honorflightRGV.org>.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

(As it appears on your Driver's License or Government ID)

MIDDLE OR INITIAL: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ GENDER:  Male  Female

OCCUPATION: \_\_\_\_\_

ARE YOU A VETERAN? Yes  No  If yes, branch of service & rank: \_\_\_\_\_

When served: \_\_\_\_\_ Where served: \_\_\_\_\_

### PERSONAL REFERENCES: (Please list one personal references)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

## QUESTIONS:

1. How did you learn about the Honor Flight organization? \_\_\_\_\_

2. Why are you volunteering for Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience: \_\_\_\_\_

4. Are you requesting to travel with a specific Veteran, if possible? Yes \_\_\_ No \_\_\_

Name of Veteran: \_\_\_\_\_ (A separate application is needed for the Veteran)

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

6. Are you able to lift, push, pull, carry 150 pounds and push a wheel chair for over 5 miles? Yes \_\_\_ No \_\_\_

**Note: Being a Guardian is a very demanding and exhausting position. You must be physically fit to be considered for selection.**

7. Please identify any physical disabilities, restrictions and / or medical conditions that would limit your ability to fulfill the duties of a guardian. Also please list any medications taken and how often: \_\_\_\_\_

8. T-Shirt size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

9. Please note any medical experience you may have (e.g. EMT, CPR, Paramedic) \_\_\_\_\_

10. If you are not selected as a full time guardian for the flight, are you interested in being a Rio Grande Valley Volunteer?

Yes \_\_\_ No \_\_\_

## PLEASE READ 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 of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

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

*(NOTE: E-mail applicants must sign prior to providing volunteer services)*

PARENT/GUARDIAN SIGNATURE: *\*If applicant is under 18, parent/guardian must also sign and date below.*

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

**PLEASE SUBMIT YOUR APPLICATION TO:**

*Thank you for your support, please ensure that the form has been properly completed and signed before you submit it. You may either mail or E-mail your application to the contact information below:*

**MAIL TO:** Honor Flight RGV  
Attn: Volunteer Application  
P.O. Box 5840  
McAllen, TX 78502

**E-MAIL TO:** [HonorFlightRGV@gmail.com](mailto:HonorFlightRGV@gmail.com)