

Name \_\_\_\_\_  
Veteran \_\_\_\_\_

Date \_\_\_\_\_



# HONOR FLIGHT OF OREGON



## 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 not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians make a tax-deductible donation (suggest confirming with your tax advisor) to Honor Flight of Oregon which will cover their expenses for the trip. For further information, please contact us at (541) 450-9807 or honorflightoforegon@gmail.com. **Approval of Guardian is at the discretion of the Honor Flight of Oregon trip leader.**

**Starting in May 2025, all participants must have an approved TSA Real ID**

For list of approved ID's please visit: <https://www.tsa.gov/travel/security-screening/identification>

**NAME AS IT APPEARS ON PHOTO ID:** First: \_\_\_\_\_ Mid: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name Tag: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening/CELL: \_\_\_\_\_ **GENDER:** **M / F**

T-SHIRT SIZE: ( S, M, L, XL, XXL, XXXL)  Alaska Airline MP # \_\_\_\_\_ TSA # \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ Are you requesting to travel with a specific veteran **Yes** **Yes** **No**

If yes, please name the veteran: \_\_\_\_\_ Relationship to veteran: \_\_\_\_\_

**(veteran application must be submitted separately)**

**ARE YOU A VETERAN?** **Yes** **Yes** **No** If yes Branch of service \_\_\_\_\_ Service years \_\_\_\_\_ to \_\_\_\_\_

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

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

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

Are you willing to assist your assigned veteran with their needs? **Yes** **Yes** **No**

Are you able to:

- Push a wheelchair up an incline? **Yes** **No**
- Push a wheelchair long distances for an extended period of time over uneven terrain? **Yes** **No**
- In the event your veteran falls, can you assist your veteran back to their feet or into their chair? **Yes** **No**
- Help load/unload wheelchairs? **Yes** **No** Lift and carry luggage? **Yes** **No**

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, prescription or over the counter, being taken and how often: \_\_\_\_\_

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

**Please list one (1) personal reference:**

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

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

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

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

**ALTERNATIVE CONTACT FOR TWO PEOPLE WHO WILL NOT BE ON THE TRIP WITH YOU:** Phone

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE REVIEW, INITIAL AND SIGN:** As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 of Oregon program. I hereby release the photographer and Honor Flight of Oregon from all claims and liability relating to said photographs. I hereby give permission for my image captured during Honor Flight activities be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. **Initials** \_\_\_\_\_

I understand that **Honor Flight does NOT provide medical care**, and I understand that medical insurance is my responsibility, as well as other expenses due to a medical emergency. 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. **Initials** \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**CANCELLATION POLICY: UNLESS THERE IS A MEDICAL EMERGENCY, ONCE FEES ARE PAID ALL CANCELLATIONS WILL BE CHARGED AN ADMINISTRATIVE FEE FROM THE AMOUNT PAID.**

Please submit this form to:

**HONOR FLIGHT OF OREGON      OR**  
PO Box 383  
Medford, OR 97501

**e-mail:**  
**honorflightoforegon@gmail.com**  
**Questions: call 541 450-9807**