

HONOR FLIGHT of PORTLAND OREGON GUARDIAN APPLICATION

Thank you for contacting HONOR FLIGHT of PORTLAND OREGON (HFPO) and offering to help make the dreams come true for World War II veterans, when they visit THEIR national WWII Memorial in Washington, DC. As a guardian, it will be your responsibility to care for 1-3 veterans as though they are family members. Guardians will be provided a detailed list of responsibilities before the trip. The total cost for a guardian including airfare, meals, bus, and lodging for a 4 day trip from Portland, OR to Washington DC is around \$1,300 depending on air fares at the time we purchase tickets. Guardian fees may not be refundable if the applicant cancels within 30 days of departure. **Do not forward your payment until you are notified of your flight date and fee. Please note that spouses of veterans are generally not allowed to be guardians.** If you have any questions, please call Tony at 503-756-3630.

YOUR NAME: _____ NICKNAME: _____

(As it appears on your ID for airline travel)

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: Day _____ Night _____ Cell _____

Date of Birth: _____ WEIGHT _____ TEE SHIRT SIZE: S M L XL XXL XXXL

EMAIL ADDRESS: _____ OCCUPATION _____

Why are you volunteering for Honor Flight? _____

Please list any previous volunteer experience: _____

Please list one personal reference: _____

Name: _____ Relationship to veteran: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address _____

Phone numbers: Day: _____ Night: _____

Please list an emergency contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Day: _____ Night: _____

Are you willing to travel with a specific veteran, if possible? Yes: _____ No: _____

If yes, please name the veteran: _____.

The veteran must submit a completed application separately and at the same time as the guardian.

Guardians must be in good health and willing to share a room with a veteran.

Are you able to push a veteran in a wheelchair up an incline?

Yes: _____ No: _____

Can you lift 50 pounds? Yes _____ No _____

Can you walk unaided 500 feet? Yes: _____ No: _____

Please identify any physical disabilities, restrictions and /or medical conditions that could limit your ability to fulfill the duties of a guardian. Also list any medications being taken and how often.

Male: _____ Female: _____

Do you have any medical experience? (Doctor, Nurse, EMT, CPR, Paramedics):

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 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 my permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used for the purposes of **Honor Flight** promotional material and publications and waive any rights or compensation or ownership thereto. I agree that my name may be shared with other veterans participating on Honor Flight of Portland Oregon trips.
2. I further state that medical insurance is the responsibility of the guardian and I understand the **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 completed form to:

Honor Flight of Portland Oregon
PO Box 80265
Portland, OR 97280

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