



CAPITAL REGION HONOR FLIGHT FAMILY GUARDIAN APPLICATION



Guardians play a significant role in ensuring a safe and memorable experience for our war Veterans during the entire mission. Family members or caregivers over the age of 18 can apply to be a Family

Guardian. For consideration to serve as a Family Guardian, please complete this Family Guardian application. Completion of your Veteran's application combined with this information below ensures your request is being considered, however selection is not guaranteed. Because this is a physically demanding job for the entire trip (10-12 hours), guardians may be subject to a medical check to ensure they can care for their Veteran family member throughout the mission. Medically necessary Family Guardians are given priority. The Veteran's spouse or partner is not eligible as a Family Guardian.

Please fill out this form to apply as a Family Guardian. Shaded cells are required.

AFFIRMATION

Please read and answer the following four questions prior to filling out this application.

I am at least 18 years old and in good physical shape and able to push a wheelchair all day, up and down slight inclines, and in all kinds of weather	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I must be approved before I can participate, and will answer the questions to the best of my ability	<input type="checkbox"/> Yes <input type="checkbox"/> No
If approved, I understand I must attend a ZOOM guardian training session prior to the mission	<input type="checkbox"/> Yes <input type="checkbox"/> No
If approved, I understand that I must pay a \$100 tax-deductible fee to help pay for my meals and keepsake polo shirt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a REAL ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION

First Name		Last Name	
Middle Initial		Nickname	
Date of Birth		Gender	M F
Email Address			
Street Address			
City		ST and Zip	
County		Cell Phone (where you can be reached on mission day)	
Daytime Phone		Evening Phone	
REAL ID	Do you have a REAL ID	Yes	No

VETERAN INFORMATION

You are applying to serve as a Family Guardian for a specific Veteran who has applied with Capital Region Honor Flight. Both Veteran and Family Guardian must have an application on file. Completion of the Guardian application combined with the information below ensures that your request for a Family Guardian is considered, however selection is not guaranteed. **Because this is a physically demanding job, all Guardians are subject to a medical check to ensure they can care for you throughout the mission, Medically necessary Guardians are given priority.** Partners or spouses are not eligible as a Guardian.

Are you requesting to travel with a specific Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the full name of that Veteran	
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GENERAL INFORMATION

Tell us a little more about you.

T-Shirt Size	S M L XL XXL XXXL	Occupation	
Are you CPR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the expiration date on your certification?	
Please list any medical experience you have (e.g., DR, RN, EMT)			
How did you hear about Capital Region Honor Flight?			

MILITARY SERVICE

Capital Region Honor Flight would like to recognize and thank you for your service if you are a Veteran or active duty.

Are You a Veteran?	Yes No	Rank	
Branch of Service	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Other	Are you active duty? If so, please list the branch of service	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Space Force <input type="checkbox"/> Other

MEDICAL INFORMATION

Safety is our primary concern for all participants of our flights, both Veterans and Guardians. The following questions will help us ensure the health and safety of everyone during our day together. Please answer to the best of your ability.

Do you have any limitations that might prevent you from fully participating as a Family Guardian throughout the day, including pushing a wheelchair or assisting with toiletry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a problem walking the length of a football field?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Please describe any drug allergies		
Please describe any food allergies		
Do you use insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How is your diabetes controlled (pill, injection)?

EMERGENCY POINT OF CONTACT

Please provide an emergency point of contact not on the trip that can be reached in the event of an emergency. This can be a spouse or other close family member.

First Name		Last Name	
Relationship		Cell Phone #	
Street Address			
City		ST and Zip	
Daytime Phone		Email Address	

ACCOLADES

In a few words, please tell us what serving as a guardian for your family member means to you:

ACKNOWLEDGEMENTS

All approved Guardians must complete a Medical Questionnaire and Waiver prior to participating in a Capital Region Honor Flight mission. They will be mailed to you once you and your Veteran are assigned on a mission.

PLEASE REVIEW CAREFULLY: 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 purpose 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 Guardian, 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 Network activities and will not hold Honor Flight or any person appearing or quoted in any advertisement of public service announcements for or on behalf of Honor Flight responsible for any injuries uncured by me while participating in the Honor Flight program.
3. Guardian agrees to attend a MANDATORY guardian training prior to participating in a Capital Region Honor Flight trip. Training will review the planned events of the trip, as well as safety and comfort measures in place to take care of our Veterans. Training usually occurs in person the evening before the trip. Guardians understand that if they do not attend training, they will not be able to travel on the mission with their Veteran, and a volunteer trained Guardians will be assigned.

SIGNED: _____ DATE: _____

Submit form to: Capital Region Honor Flight
 11110 Sunset Hills Rd #3844
 Reston, VA 20195