



For Honor Flight Use Only: Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

## Guardian Application

**Note: Guardians must be between ages 18-69. Guardians cannot accompany a spouse who is traveling as a veteran.**

**Never Forgotten 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 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 (airline fare, etc.) We do take requests to accompany a veteran, but it is not possible to honor all requests. All Never Forgotten Honor Flights originate from Central Wisconsin Airport, Mosinee, WI. For further information, please contact us at (715)573-8519 or visit us at [www.neverforgottenhonorflight.org](http://www.neverforgottenhonorflight.org).

<b>NAME (please enter your full middle name and any titles that are a legal part of your name such as Jr., Sr., etc. If you have no middle name please write "none")</b>							
<b>First</b>		<b>Middle</b>			<b>Last</b>		
<b>Nick Name (if applicable)</b>					<b>GENDER</b> Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>ADDRESS</b>							
<b>CITY</b>		<b>COUNTY</b>			<b>STATE</b>		<b>ZIP</b>
<b>PHONE</b>	Day		Evening			Cell	
<b>EMAIL ADDRESS (if applicable)</b>							
<b>OCCUPATION</b>			<b>BIRTHDAY</b> Month/Day/Year			<b>AGE</b>	
<b>TEE SHIRT SIZE (circle)</b>		S	M	L	XL	2X	3X
ARE YOU A VETERAN? YES NO							
Branch of Service (mark with "X")	Army		Navy		Marines		
	Air Force		Coast Guard		Merchant Marines		
Where and When Did You Serve?							
How did you learn about the Never Forgotten Honor Flight Organization?							
Why are you volunteering for Never Forgotten Honor Flight?							
Please list any prior volunteer experience:							



<b>Please list one (1) Personal Reference:</b>		
Name		Relationship
Address		City/State/Zip
Email	Phone	Cell Phone
<b>Emergency Contact (Someone available the day you travel)</b>		
Name		Relationship
Address		City/State/Zip
Email	Phone	Cell Phone

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

If yes, please provide the requested Veteran's name: \_\_\_\_\_

It may not be possible to fulfill all specific Veteran requests. If we are not able to pair you with your requested Veteran, do you wish to remain on the Guardian List for a future flight? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Guardian Application must be on file before the Veteran is notified of his/her flight date. Acceptance of application does not guarantee a spot as a guardian.

Additional Comments or Concerns \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Never Forgotten 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 **Never Forgotten Honor Flight** program. I hereby release the photographer and **Never Forgotten Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Never Forgotten Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Never Forgotten 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 guardian and I understand that neither **Never Forgotten Honor Flight** nor the provider of free private/airline aircraft (the flight provider) provides medical care. I understand that I accept all risk associated with travel and other Honor Flight Network Activities and will not hold **Never Forgotten Honor Flight**, the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Never Forgotten Honor Flight** responsible for any injuries incurred by me while participating in the **Never Forgotten Honor Flight** program.
3. Guardians pay their own way (APPROXIMATELY \$500-tax deductible) and are required to attend a MANDATORY TRAINING SESSION, which will be held on the afternoon of the Preflight Dinner. DO NOT SEND A CHECK UNTIL YOUR APPLICATION HAS BEEN APPROVED AND YOU HAVE BEEN CONTACTED TO BE A GUARDIAN.

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

(E-mail applicants will be required to sign prior to actual trip date)

**Please submit this form to:**  
**Never Forgotten Honor Flight, Inc.**  
**Attn: Guardian Application**  
**P. O. Box 5056**  
**Wausau, WI 54402-5056**

**Or email to: [info@neverforgottenhonorflight.org](mailto:info@neverforgottenhonorflight.org)**