



South Willamette Valley Honor Flight

GUARDIAN APPLICATION

Mail Form and valid government identification to:
South Willamette Valley Honor Flight, attn: Applications at PO Box 72150, Springfield, OR 97475
or scan both and email to Applications@swvhonorflight.org

SOUTH WILLAMETTE VALLEY HONOR FLIGHT honors the United States Military Veteran for their service and sacrifice by escorting them to Washington DC to see their memorials and monuments at NO COST TO THEM!

Guardians are assigned to each Veteran to assist them throughout the duration of the trip. You, as a Guardian, play a significant role in ensuring a safe, memorable, and rewarding experience for your Veteran. South Willamette Valley Honor Flight thanks you for your commitment to our Veterans!

As a Guardian, your duties will include:

- **Physically assist a Veteran through the airport, on/off buses, at the hotels, and during all memorial stops.**
- **Push a wheelchair up to 6 miles over 3 days for a Veteran weighing up to 350 pounds.**
- **Lift and carry luggage that weighs up to 50 pounds.**
- **Carry luggage for both you and your Veteran through the airport.**
- **Collapse, lift and stow wheelchairs under a tour bus up to 10 times per day.**
- **Assist your Veteran in/out of bed, if necessary.**
- **Maintain a POSITIVE ATTITUDE and a HEART OF SERVICE for the entire trip.**

- *A tax-deductible donation of \$1200 is required to participate as a Guardian. This covers your portion of travel expenses.
- *A non-refundable good faith deposit of this donation in the amount of \$250 is due with this application; the balance is due prior to the flight.
- *Guardians are required to provide a copy of their valid government identification with this application.
- *Guardians are required to provide a Medical Certificate of Fitness for Air Travel & Guardian Duties, signed by a physician.
- *Guardians must be 18 years of age or older.

Please fill this application out completely; all questions are required.

ABOUT YOU

LAST Name as it appears on photo ID: _____

FIRST and MIDDLE Names as they appear on photo ID: _____

Nickname for name tag if desired: _____

Mailing address including City, State, and zip code: _____

Cell phone number: _____ Email: _____

Date of birth: _____ Age: _____ Weight: _____

Emergency contact

Name: _____ Relationship: _____

Cell phone: _____ Email: _____

South Willamette Valley Honor Flight provides a T-shirt to be worn during your trip. Please indicate your size below so we may provide one that fits well and is comfortable. (Check only one)

XS S M L XL 2XL 3XL 4XL

Are you also a Veteran?

If YES, Branch of Service (Check all that apply)

United States Air Force United States Army United States Coast Guard
 United States Marine Corp United States Navy United States National Guard

Service years from, to: _____

Do you have drug or food allergies? If YES, please list _____

Do you have dietary restrictions? (Check all that apply)

None Vegetarian Vegan Kosher Gluten-free Other _____

Primary Care Provider

Name: _____ Clinic: _____

Phone number: _____

Please list medical training and volunteer experience: _____

Are you requesting to travel with a specific Veteran?

If YES, full name of Veteran you are requesting to travel with: _____

[GUARDIAN REQUIREMENTS](#)

ACCURATE information provided in this section allows our Leadership and Medical Teams to assess fitness to perform Guardian duties.

Attest that you have the physical, mental, and emotional ability to fulfill the duties of Guardian by initialing each box below:

- Physically assist a Veteran through the airport, on/off buses, at the hotels, and during all memorial stops
- Push a wheelchair up to 6 miles over 3 days for a Veteran weighing up to 350 pounds
- Lift and carry luggage that weighs up to 50 pounds
- Carry your luggage and your Veteran's luggage through the airport
- Collapse, lift and stow wheelchairs under a tour bus up to 10 times per day
- Assist your Veteran in/out of bed, if necessary
- Maintain a POSITIVE ATTITUDE and a HEART OF SERVICE for the entire trip

List medical conditions, physical disabilities, mental health disorders, and/or restrictions that would **limit** your **overall emotional, mental, and physical ability** to successfully fulfill the duties of a Guardian:

[REVIEW AND SIGN BELOW](#)

Attestation

I attest that: I am physically, mentally, and emotionally able to fulfill the duties of a Guardian as described in this application.

My signature indicates that I understand and attest to the above being true: _____

Indemnity Agreement

Photographs/videos are used to memorialize Honor Flight events. My image may appear in a public forum to promote or advance the work of South Willamette Valley Honor Flight (Organization). I hereby release media and South Willamette Valley Flight from all claims and liability relating to said images. I hereby give permission for my image, captured during Honor Flight activities, to be used solely for the purposes of Honor Flight promotional materials and publications, and waive any rights, compensation, or ownership thereto.

I am voluntarily participating in various activities of South Willamette Valley Honor Flight, including flying on a commercial airline. I understand that South Willamette Valley Honor Flight does NOT provide medical care. I understand that medical insurance is my responsibility. I understand that South Willamette Valley Honor Flight does not provide medical or trip insurance. I accept all risks associated with travel and other Honor Flight activities and will not hold South Willamette Valley Honor Flight responsible for destruction, loss, damage, or injury (to include death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of South Willamette Valley Honor Flight or the Honor Flight Network.

I further understand that South Willamette Valley Honor Flight includes any members, officers, directors, volunteers, affiliated business entities and their shareholders, and assigns thereof.

I will follow all written, video, and verbal rules and directions provided by South Willamette Valley Honor Flight leadership. I also agree to hold South Willamette Valley Honor Flight parties not liable for libel, defamation, or slander. If South Willamette Valley Honor Flight leadership believes, in their sole discretion, that I am not following rules and direction, that I am not representing the Organization with excellence, have been dishonest, committed fraud, or that I am behaving in an unsafe, inappropriate, or dangerous way, I will be expelled from the flight or activity and may be sent home immediately. South Willamette Valley Honor Flight **will not tolerate** sexual harassment, aggressive verbal or physical behavior, or expression of political views or beliefs. South Willamette Valley Honor Flight reserves the right to deny any application.

I will treat Veterans with professionalism, dignity, respect, and compassion.

I will treat volunteers and affiliated business entities/partners with professionalism, dignity, and respect.

I will maintain a positive attitude throughout the trip.

I will focus on my Veteran with selflessness.

I will conduct myself with integrity, and in admirable and respectful ways that represent South Willamette Valley Honor Flight and its mission with excellence.

I have answered each question on this application with honesty and integrity.

This *Indemnity Agreement* releases South Willamette Valley Honor Flight from any liability, waives all claims against the Organization and agrees to indemnify the Organization from liability in certain circumstances. Read carefully and make sure you fully understand and agree to each of the terms of this *Indemnity Agreement* before signing.

My signature indicates that I understand, agree with, and will adhere to the terms, conditions, operations, and procedures contained herein: _____ Date: _____

Alaska Airlines Mileage Program ID number, if applicable: _____

