

## **Guardian Application**

The mission of Texas South Plains Honor Flight is to take our Veterans to Washington D.C. on an all expense paid trip to see their memorials. In order to offer our Veterans a safe, memorable, and rewarding experience, we depend on Guardians to provide assistance.

Guardians should be able to lift up to 50lbs, be able to walk long distances, and willing to assist two Veterans on the trip. Priority selection is given to guardians accompanying a Veteran family member. **Spouses are not eligible to be guardians.** 

| Name:                                      |                     |                    |                   |         |
|--|---------------------|--------------------|-------------------|---------|
| (Exactly as it appears on your drive       | r's license. Attach | n a copy of your L | DL to this applic | cation) |
| Nickname/preferred name:                   |                     | Date of Birth:     |                   |         |
| Street Address:                            |                     |                    |                   |         |
| City:                                      | State:              | Zip:               |                   |         |
| Please list <u>ONE</u> phone number for us | s to contact you    | J:                 |                   |         |
| Email:                                     |                     |                    |                   |         |
| Are you requesting to travel with a s      |                     |                    |                   |         |
| If yes, Veteran name and relationshi       | o:                  |                    |                   |         |
| Polo shirt size: Small Medium              | Large               | X-Large            | 2XL               | 3XL     |
| Are you a Veteran? Yes No                  | lf so, please co    | mplete the nex     | t portion.        |         |
| Dates of service (eg: 1952-1956):          | Conflict(s):        |                    |                   |         |
| Branch of service:                         | Rank:               |                    |                   |         |
| Emergency Contact – Please fill this of    | out entirely, inclu | ding email if ap   | plicable.         |         |
| Name:                                      | Relationship:       |                    |                   |         |
| Phone number:                              | Email: _            |                    |                   |         |

Do you have any physical disabilities or restrictions which would limit your ability to If necessary, explain: \_\_\_\_\_ fulfill the duties of a guardian? Yes No

## **Responsibilities of TSPHF Guardians**

This trip would not be possible without our volunteer guardians. This is a big responsibility and should be treated as such. Our Veterans rely on guardians to help them safely make the journey to DC and home. It is a commitment of your time and attention, a desire to honor Veterans, and a physically demanding role. This role should not be taken lightly and is, by no means, a vacation.

Guardians pay their travel expenses, all inclusive, directly to the TSPHF if selected. The cost is \$1,500 for civilian and \$750 for Veterans.

> Guardians must attend a guardian training session. Guardians must assist 2 Veterans on the trip.

## Please review carefully and sign:

The undersigned acknowledges and agrees that:

- 1. Photographic and video equipment are frequently used to memorialize and to document the TSPHF 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 TSPHF program. I hereby release the photographer and TSPHF from all claims of liability relating to said photographs. I hereby give my permission for my images captured during TSPHF activities through video, photo, or other media to be used solely for the purpose of TSPHF promotional materials and publication and waive any rights or compensation or ownership thereto.
- 2. I further state that medical insurance is the responsibility of the Veteran and I understand that the TSPHF does not provide medical care. I understand that I accept all risks associated with travel and other TSPHF activities and will not hold TSPHF responsible for any injuries incurred by me wile participating in the TSPHF Program.
- 3. I hereby grant permission to TSPHF to access and to review any of my personal medical records and medical providers pertaining to my ability to safely attend my designated Honor Flight.

Signed:

Date:

Please submit this signed form with necessary attached documents to:

**Texas South Plains Honor Flight** P.O. Box 94787 Lubbock, TX 79493 (806) 790-4635 info@texassouthplainshonorflight.org

Checklist:

Driver's License Emergency Contact Info