

Capital District Patriot Flight, Inc.

Guardian Application

For the NY State official representative of the National Honor Flight system.

For Patriot Flight use only. Print Last Name: _____ **Date Rec'd:** _____

Patriot Flight, Inc. is the recognized Capital District Hub of the National Honor Flight Network representing seven NY State counties. We are thankful for the generous support of our community and Guardians. The Guardians play a significant role on our trips as they provide a safe and memorable experience for the Veterans. Duties include, but are not limited to, physically assisting the Veterans at the airport, during the flight and at the Memorials. The Guardians Fee is \$380 and is payable prior to the flight (refundable if unable to attend the flight). The fee covers the flight, bus, meals and a shirt. **Guardians must be at least 18 years old.**

Guardian's Name (on your ID as required by airlines) _____

Address _____ **Birth Date:** _____

City, State, Zip _____

Phone Home _____ **Cell** _____ **other** _____

EMAIL ADDRESS PRINTED: _____

Occupation _____

1. Have you been on a Patriot Flight or Honor Flight before? YES _____ NO _____

Are you requesting to travel with a specific Veteran? Yes _____ No _____

2. If traveling with a Veteran, Vet's Name and relationship _____

3. Some Veterans require a one-on-one assistance (wheelchair), otherwise you may be assigned 1-2 other Veterans. You must follow the itinerary given to you. You are responsible for your Veteran or Veterans.

4. Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Please list any medications you take and how often on a separate sheet.

5. Can push a person (175 lbs) in a wheelchair up an incline. Yes _____ No _____

6. Can you lift 100 lbs.? Yes _____. No _____.

6. Patriot Flight Polo Shirts are provided. Your Shirt Size (S, M, L, XL, XXL, XXXL) circle one

7. Are You a Veteran __ Yes __ No **Branch & Time Period** _____

8. Volunteer & Work Experience _____

9. Do you have any medical experience? (Doctor, EMT, CPR, RN, LPN) List below

Please list one Personal Reference

Name: _____ Relationship: _____

Address: _____

Phone: Home: _____ Cell: _____ Evening _____

EMAIL ADDRESS PRINTED _____

Please list one **Emergency Contact (for the day of the flight and not taking the trip)**

Name: _____ Relationship: _____

Address: _____

Phone: Day: _____ Cell: _____ Evening _____

EMAIL ADDRESS _____

PLEASE REVIEW CAREFULLY AND SIGN:

I, the undersigned, acknowledge and agree that:

1. Photographs, videos and print media, are frequently used to memorialize and document Patriot Flight trips and events. My image may appear in a public forum, such as the digital or print media, or on a website, to acknowledge, promote or advance the work of the Patriot Flight program. I hereby release the photographer and writers of Patriot Flight articles from all claims and liability relating to any photographs or printed material. I give permission for my images and stories, captured during Patriot Flight activities through video, photo or print media, to be used for promotional purposes. I waive any rights to compensation or ownership thereto.

2. I understand and accept all risks associated with travel and other Patriot Flight activities on the day of the flight, and / or any other Patriot Flight events. I understand that Patriot Flight does not provide medical care. However, there will be medical personnel present to render and assist in more “first aid” type of situations. If the Veteran has a serious health issue, Patriot Flight will require a doctor’s written permission for participation in a Patriot Flight event. I will not hold Patriot Flight responsible for injuries or health conditions that I may incur while participating in the Patriot Flight program. I further acknowledge that medical insurance is the responsibility of the Veteran.

3. Selection and Priority. The selection process gives priority to Veterans of WW II, the Korean War, the Vietnam War and then the Cold War in that order. Patriot Flight has the sole responsibility for selecting Veterans to be on a flight.

4. Supervision and Flying. I will serve as Guardian for the full day with my assigned Veteran(s) and it is my duty to supervise and attend to my Veteran(s) needs. I attest I have no issues flying in planes.

NAME PRINTED _____

SIGNED _____ DATE _____

If you complete this form and scan it, please return it as a ‘jpg’ (jpeg file) or a .pdf.

MAIL YOUR COMPLETED FORMS VIA US Postal Service

Patriot Flight, Inc. PO Box 13776 Albany, NY 12212-3776

OR VIA EMAIL TO JENNIFER at jwrightcsl@gmail.com

PLEASE NOTE: We require a signed form on file. A confirmation will be sent to you (email preferred) about 4-6 weeks prior to the flight if you are selected for the flight. Your application as a Guardian will be recorded and maintained in our computer database for future flights.

Reminder: If possible and if the Veteran & Guardian are relatives or friends, try to submit both applications together. Thank You.