



FOR HONOR FLIGHT USE ONLY: Last Name _____
Postmark date or date personally received: _____

RIO GRANDE HONOR FLIGHT - GUARDIAN APPLICATION

- We collect a \$1200 Guardian fee to cover all expenses. Once confirmed on a flight, you will be notified where to send your payment and the due date.
- Each Guardian must attend a **Mandatory** training session to ensure the safety and success of the mission.
- Limited seats for guardians are available on each flight to accommodate more veterans.
- Guardian selection is based on various factors, including the unique needs of our veterans. Your selection as a guardian is not guaranteed.
- You will be sharing a room with either another guardian for you assigned Veteran.
- Most communications will be by email. You will be expected to check and respond to emails in a timely manner.

PLEASE PRINT LEGIBLY

FULL NAME _____

First **Middle** **Last**
(Exactly as it appears on your ID - note that Real ID is now required for travel)

Name you want on your name tag _____ **Gender** **M** **F**

D.O.B. _____ **Height** _____ **Weight** _____

Primary Phone _____ **Secondary Phone** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Email address: _____

Occupation _____

Emergency Contact Information - Provide 2 (someone NOT traveling with you)

Name _____ **Relationship** _____

Primary Phone _____ **Secondary Phone** _____

Alternate Emergency Contact Information

Name _____ **Relationship** _____

Phone _____

Have you ever been on an Honor Flight trip? YES NO

Are you a Veteran? YES NO

SERVICE HISTORY:

Branch of Service _____

Conflicts: _____

How did you hear about Honor Flight?

Why are you volunteering for Honor Flight?

Are you willing to assist (dressing, toileting, etc.) all veterans, and are you willing to push a wheelchair? YES NO

Please note any medical experience you may have (e.g.: EMT, Nurse, Paramedic, CPR, First Aid):

Please list any prior Volunteer experience?

T-Shirt Size: S M L XL XXL XXXL XXXXL

Are you requesting to travel with a specific Veteran, if possible? YES NO

What is the Veteran's Name? _____

Health Information

Can you lift 50 pounds? YES NO

Would you have difficulty pushing a wheelchair up a slight incline? YES NO

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian:

Do you have any cardiac issues? YES NO

If yes, please describe your cardiac issues.

Do you have Diabetes? YES NO

Do you take insulin/pills YES NO

Do you have seizures? YES NO

Type: _____ Date of last seizure: _____

Do you have any breathing problems / lung problems? YES NO

If yes, please describe your breathing problems.

Do you have any drug allergies? YES NO

If yes, please describe your drug allergies.

Do you have any food allergies? YES NO

If yes, please describe your allergies.

Do you follow a special diet? YES NO

If so, what type of diet? _____

Is special diet required on the trip? YES NO

Do you Smoke/vape? YES NO

*Please note that smoking is prohibited by Federal law in memorial spaces,
and will be very limited and restricted during this trip*

PLEASE LIST ALL MEDICATIONS: (attach a second sheet if necessary)

I am about to voluntarily participate as a passenger in various activities of Rio Grande Honor Flight (hereinafter RGHF). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors, agree that the legal responsibilities of RGHF is strictly limited. RGHF has organized certain travel services, including air and surface transportation, which RGHF purchases or reserves from various suppliers. The suppliers providing travel services for RGHF are independent contractors and are not agents or employees of RGHF. RGHF does not act as an agent for any party whatsoever. RGHF is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, or representatives, including, without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of RGHF, I agree that neither RGHF nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

I acknowledge and agree that medical insurance is my responsibility, and I further understand that Honor Flight does NOT provide medical care.

RGHF reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused participation in a tour based on race, sex, age, religion, disability or any other grounds for which refusal would violate governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect.

I hereby authorize and give full consent to RGHF to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all RGHF programs. RGHF may use, or cause to be used, this above material for any purpose without limitation or reservation.

I have read, understand, and agree to the above statements and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations. I FURTHER SWEAR THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature

Date

**PLEASE ATTACH A COPY OF THE GOVERNMENT ISSUED PHOTO ID THAT
YOU WILL BE USING FOR THIS TRIP, AS WELL AS DD-214 COPIES**

**Please mail completed application to: Rio Grande HF Attn: Applications
PO Box 14017
Las Cruces, NM 88013**