

Ellis County Honor Flight

GUARDIAN APPLICATION

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 responsible for the price of their airfare and hotel (\$500.00); payable to Ellis County Honor Flight 30 days prior to departure. If you able to afford more; it will be used to help sponsor a veteran. For further information, please contact us at (972) 617-2574 or www.elliscountyhonorflight.org. Thank You for your support.

DATE: ____/____/____ Date application received by ECHF ____/____/____

NAME: _____ (As it appears on your ID for airline travel)

NICK NAME: (If applicable) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

E-MAIL: _____ AGE: _____ DOB: ____/____/____

OCCUPATION _____ ARE YOU A VETERAN? YES ____ NO ____

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one (1) emergency contact:

Name: _____ Relationship to applicant:

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

6. Are you requesting to travel with a specific veteran, if possible? Yes _____ No _____

If yes, please name the veteran: (Please note that completed veteran application must be submitted separately)

7. Can you lift 100 pounds? _____ Yes _____ No

8. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often:

9. T-shirt Size: (S, M, L, XL, XXL, XXXL) _____

10. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics),

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, 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 Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program

SIGNED*: _____ DATE: ____/____/____

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

* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____/____/____

PARENT/GUARDIAN

Please submit form to:
 Ellis County Honor Flight
 ATTN: Ron Langenheder
 PO Box 35
 Waxahachie, TX 75168
 or
 My home address:
 Ron Langenheder
 1905 S. Westmoreland Rd.
 Red Oak, TX 75154

Phone: 214/957-8341 (cell)
 972/617-2574 (home)
 Email: ron.langenheder@att.net