



GUARDIAN APPLICATION

O & A Honor Flight (Oklahoma & Arkansas) cannot succeed without the generous support of our guardians and sponsors. Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Guardians must be at least 18 years old and must be physically capable of assisting veterans throughout the trip, including helping veterans up and down steps, pushing veterans in wheelchairs, loading and unloading wheelchairs, and other duties as assigned. The guardian donation is \$500, payable at least two months before the trip (donation covers round-trip airfare, ground transportation, meals, insurance, and a guardian shirt). For further information, please contact Jason at 918-813-0676 or visit our webpage at: www.oahonorflight.org

Name as it appears on Photo ID:

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Evening: _____ Cell: _____

E-Mail Address: _____ Age: _____

Occupation: _____ Gender: M F Are you a veteran? Yes No

If you are a veteran, please indicate branch of service and when and where you served.

1. How did you learn about *O & A Honor Flight* _____

2. Why are you volunteering for *O & A Honor Flight* _____

3. Please list any prior volunteer experience _____

Please list one (1) personal reference:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____



Phone Numbers: _____

Relationship to applicant: _____

Emergency contact information:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Are you requesting to travel with a specific veteran, if possible? Yes No. If yes, please name the veteran.

_____ (Please note that the veteran application must be completed separately)

Can you lift 100 pounds? _____ Yes _____ No

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.

T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

Please note any medical experience you may have: _____

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document *O & A Honor Flight* trips and events, your image may appear in a public forum, such as the media or a website to acknowledge, promote or advance the work of the *O & A Honor Flight*. I hereby release the photographer and *O & A Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *O & A Honor Flight* promotional material publications, and waive any rights of compensation or ownership thereto.

2) I further state that medical insurance is the responsibility of the guardian and I understand that *O & A Honor Flight* does not provide medical care. I understand that I accept all risks associated with travel and all other *O & A Honor Flight* activities and will not hold the *O & A Honor Flight* responsible for any injuries incurred by me while participating in the *O & A Honor Flight* program.

Signed: _____ Date: _____ / _____ / _____

Please submit this form to: ***O & A Honor Flight***
Attn: Guardian Application
P.O. Box 999
Siloam Springs, AR. 72761
Or Fax to: 918-479-1380