HFTOV Use Only: Las	st Name	Date Received:	Application Number:
			11



Guardian Application

Honor Flight – Top of Virginia (HFTOV) would not be successful without the efforts and support of our Guardians. They play a critical role to ensure every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans from the time of departure until their return. Guardians must be between the ages of 18-65 and in good health. Communication is exclusively by email, so Guardians must provide an email address that they monitor frequently.

HFTOV cannot know how many guardians will be needed for any specific trip until all the applications from Veterans are in and we can begin matching Veterans to the most qualified guardians. You may check our website or email us at any time to determine the date of the next scheduled trip. Guardians selected to go on specific trips will be notified as soon as possible, but will usually be contacted approximately four weeks prior to the scheduled date.

For further information, please contact us via e-mail at honorflighttov@gmail.com, by phone at 540-692-9197, or you can visit our website http://www.honorflight-tov.org.

Name (as it appears on your ID):		Nickna	Nickname (if applicable):		
Address:					
City:	State:		_ Zip:		
Phone (Home):	Phone (Cell):	Age:	Weight:	Male Female	
E-mail Address:		nt Email Address Carefully)	_		
Shirt Size: S M L XL	XXL XXXL				
How did you hear about Honor Flig	ght – Top of Virginia?:				
Have you ever been an Honor Fligh	nt Guardian before and when?: _				
Are you a Veteran?	No Are you Acti	ve Duty?	No		
Branch of Service:	Rank:	Dates of Service:			
Why are you volunteering for Hono	or Flight – Top of Virginia?				
	erience (other than Honor Flight)				

Emergency Contact (Someone available by phone the day you travel) Name: Relationship: City: ______ State: _____ Zip: _____ Phone (Primary): ______ Phone (Alternate): _____ E-mail Address: _____ Pleae list one personal reference (someone not related to you who can speak to your character) Name: ______ Relationship: ______ Address: City: ______ State: _____ Zip: _____ Phone (Primary): ______ Phone (Alternate): _____ E-mail Address: Are you requesting to travel with a specific Veteran? \square Yes \square No If yes, please list the Veteran's name and phone number. Please coordinate with that Veteran to assure that he/she submits a Veteran application. Spouses may not serve as quardians. Veteran applications can be downloaded from our website. Phone Number Veteran's Name Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to perform the duties of a Guardian. Also, please list any prescription medications you are currently taking: Please list any medical education, certifications or experience you may have (e.g. EMT, Paramedic, RN, CPR, etc.):

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 Top of Virginia trips and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the Honor Flight Top of Virginia program. I hereby release the photographer and Honor Flight Top of Virginia from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during Honor Flight Top of Virginia activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Top of Virginia promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for us to promote the program to other veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction prior to the trip.
- 2. I further state that medical insurance is my responsibility and I understand that Honor Flight Top of Virginia does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Top of Virginia activities and will not hold Honor Flight Top of Virginia responsible for any injuries incurred by me while participating in the Honor Flight Top of Virginia program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I,______, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Honor Flight –Top of Virginia. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against the organization known as Honor Flight –Top of Virginia for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight –Top of Virginia organization.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight – Top of Virginia organization for all damages, expenses and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight – Top of Virginia activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight – Top of Virginia organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight – Top of Virginia organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight – Top of Virginia organization which is caused by my simple negligence.

I further understand that the term Honor Flight – Top of Virginia organization includes the national non-profit organization known as Honor Flight, Inc., any officer, agent and/or employee thereof.

Signature:	Date:
Please print, sign, date, and mail this form to:	

Honor Flight – Top of Virginia P.O. Box 163 Middletown, VA 22645