



HONOR FLIGHT NETWORK

CENTRAL PRAIRIE HONOR FLIGHT

LOCAL INFORMATION AVAILABLE THROUGH "CENTRAL PRAIRIE RC&D"

1916 16th Street; Great Bend, KS 67530; CentralPrairieHonorFlights@gmail.com -or- LaVeta.HonorFlights@gmail.com

Guardian Application

Honor Flight wouldn't be successful without the generous support of our guardians. They play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Next generation family members (ages 18 - 70) may serve as guardians, as long as they can perform the duties, however spouses of veterans do not go on the trips unless they are also a veteran or if medical need is mandated. Exceptions are handled on a case-by-case basis (wheelchair, blind, vertigo, Alzheimer's, etc.) and doctor verification may be required. Guardian duties include, but not limited to, travel to and from airport, and physically assisting the veterans at the airport, during the flight and at the memorials. Guardian contributions cover all expenses (airline fare, hotel, meals, etc). If unable to attend, incurred expenses are non-refundable.

For further information, please contact us at (620) 792-6224 or visit us at www.centralprairiehonorflights.org .

DATE: / /
Month Day Year----

YOUR NAME: (As it appears on your ID for airline travel) NICK NAME: (If Applicable)

ADDRESS:

CITY: COUNTY: STATE: ZIP:

PHONE: Day: Evening: Cell Phone:

E-MAIL ADDRESS: WEIGHT: AGE:

OCCUPATION: ARE YOU A VETERAN? YES NO

BIRTHDAY:

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

FLIGHT TEE SHIRT SIZE: S,M,L,XL,XXL,X

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:

Phone Numbers: Day Evening:

5. Please list one (1) emergency contact:

Name: Relationship to applicant:

Address:

City/State/Zip:

Phone Numbers: Day Evening:

6. Please identify the city(ies) from which you would be able to fly as a Guardian. For a list of active cities, visit our website at:

www.centralprairiehonorflights.org

City(ies)

PLEASE COMPLETE BACK PAGE

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(In the following questionnaire please **check** the correct response)

7. Are you requesting to travel with a specific veteran, if possible? YES _____ NO _____

If **YES**, please name the veteran: _____
(Please note that a completed "Veteran Application" must be submitted separately)

8. Can you lift 100 pounds? YES _____ NO _____

9. 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.

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 Flights** 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 Flights** program. I hereby release the photographer and **Honor Flights** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flights** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight** promotional material and publications, and wave any rights or compensation or ownership hereto.

(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 flight date)
*If under 18, a parent/guardian must also sign and date below

SIGNATURE: _____ DATE: _____/_____/_____
PARENT/GUARDIAN

Send this application to:
Central Prairie Honor Flight
C/O Central Prairie RC&D Council
1916 16th Street
Great Bend, Kansas 67530

Fax your Veterans Application to: 620-792-4875 or contact us by Phone at: 620-792-6224
Donations are welcome * A letter acknowledging this donation will be mailed to the designated donor

All programs and services of Central Prairie RC&D and their "Honor Flight" program are offered on a non-discriminatory basis without regard to race, color, national origin, age, marital or family status, disability, or political beliefs.