



# Guardian Application 2018

Honor Flight Philadelphia would not be successful without the efforts and 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 during all phases of the trip and at the memorials. Guardians are asked for a \$175.00 donation to help defray their cost to travel. For further information, please contact us at 610.613.3865 or [cathy@honorflightphiladelphia.org](mailto:cathy@honorflightphiladelphia.org) Thank you for your support!

Your Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (P) \_\_\_\_\_ Phone: (C) \_\_\_\_\_ Birthday: \_\_\_\_\_ Polo Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a veteran? Yes No If yes, please indicate branch and where/when served.

How did you learn about Honor Flight Philadelphia? \_\_\_\_\_

Why are you volunteering for Honor Flight Philadelphia? \_\_\_\_\_

Please list any prior volunteer experience: \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (P) \_\_\_\_\_ Phone:(C) \_\_\_\_\_

Address: \_\_\_\_\_

## **Please list one personal reference:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (P) \_\_\_\_\_ Phone:(C) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

If yes, please name the veteran: \_\_\_\_\_

(Note: A completed veteran application must be submitted for this person.)

Can you lift 100 pounds? Yes No

