



Honor Flight Chicago

D.C. Guardian Application 2017

Guardians play a significant role in ensuring a safe and memorable experience for each veteran. Honor Flight Chicago (HFC) would not be successful without the dedication and support of the DC Guardian Team. In order to be considered for the Guardian position, the applicant must live in the DMV area, must be between 18-66 years old, physically fit, and willing to push a wheelchair all day. The safety of the veterans is our primary concern. You will be assigned a veteran for the day. Your day will begin at Dulles Airport around 7:30 am and end around 7:30 pm (exact times will be provided before the event). Please bring a digital camera to take photos of the experience for your veteran. At the end of the day pictures will be downloaded so they can be posted to the HFC website. For questions, please contact Vince Wilson at DCGuardians@honorflightchicago.org. Thank you for your interest and support of our mission.

Please *complete* and submit all three pages of this form with required signature(s) as soon as possible to:

Email: DCGuardians@honorflightchicago.org

Or fax to 312.268.6128

**** Please check your fax machine to confirm all three pages have been sent.**

Note: If completing the form electronically, please save the document to your computer first before printing.
Electronically completed forms will not print properly if not saved first.

Name (As it appears on your drivers license): _____

Nickname: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary phone: _____ Cell Home

Secondary phone: _____ Cell Home Work

Email: _____

Date of birth (Month/Day/Year): ____ / ____ / ____ Height: _____ Weight: _____

Polo shirt size: S M L XL XXL XXXL

Are you a veteran? Yes No If yes, select one: Active Duty Reserves/National Guard
 Retired Former Military (not retired)

Please provide Rank: _____ Branch: _____

When/Where have you served: _____

How did you hear about Honor Flight Chicago? _____

Why are you volunteering for Honor Flight Chicago? _____

Please indicate your profession or, if retired please list your most recent work experience: _____

Are you CPR certified? Yes No If yes, indicate the date of expiration: _____

Please list any medical experience you have (e.g. Paramedic, RN, APN, MD, DO): _____

Can you lift 50 pounds? Yes No *As the flight day progresses, we have found that veterans need more assistance with ambulation and transfers.

Can you push a wheelchair all day? Yes No

Please list all allergies: _____

List all current medications: _____

Do you smoke? Yes No

Do you currently have, or have you had a history of heart problems? Yes No

If yes, please explain: _____

Do you have a history of seizures? Yes No

If yes, please describe: _____

When was your last seizure? _____

Do you have any physical disabilities or limitations? Yes No

If yes, please describe: _____

Do you have motion sickness? Yes No

Other medical or health concerns not previously disclosed: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone - Cell: _____ Home: _____ Work: _____

Email: _____

Please list one personal reference (not a relative).

Name: _____ Relationship: _____

Phone: _____ Email: _____

