



# Honor Flight Chicago Guardian Application 2019

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

Honor Flight Chicago  
Attn: Chicago Guardian Application 2019  
9701 W. Higgins Rd., Suite 310  
Rosemont, IL 60018-4703

**Scan & Email:**

applications@honorflightchicago.org  
\*\*Fax to 773-289-0909  
\*\*Confirm all 3 pages have 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.

**PLEASE READ AND INITIAL THE FOLLOWING PRIOR TO FILLING OUT THIS APPLICATION.**

Guardians play a significant role in ensuring a safe and memorable experience for each veteran. The vast majority of our guardians request to fly with a specific veteran they know, and are listed on that veteran's application. We are rarely able to fly unattached guardians. If you are not requesting to fly with a specific veteran, we suggest you complete the volunteer application at [honorflightchicago.org](http://honorflightchicago.org). In order to be considered for the Guardian position the applicant must:

- \_\_\_\_\_ Be between the ages of 18-66 years old.
- \_\_\_\_\_ Physically fit & able to participate in a demanding day. (*Pushing a wheelchair, extensive walking, bad weather*)
- \_\_\_\_\_ After submission, the Guardian must be approved and invited to participate.
- \_\_\_\_\_ If invited to be a Guardian you must attend the **MANDATORY** Training on the Saturday prior to flight day.
- \_\_\_\_\_ If invited to be a Guardian you must pay the Guardian fee, which is \$624 for the 2019 season. Please note the Guardian fee covers only a portion of the actual expenses to be a Guardian.
- \_\_\_\_\_ Bring a digital camera with SD card to capture photos of the experience for your veteran.

We have many more guardian applicants than we have seats available. In reviewing each Guardian Application, Honor Flight Chicago considers the following in order of importance: the veteran's physical needs, the physical capabilities of the guardian applicant, and current or prior military service. Guardian selection is usually confirmed approximately 10 days prior to the flight. For further information, visit [honorflightchicago.org](http://honorflightchicago.org) or call us at **773-227-VETS (8387)**

Your Name (As it appears on your ID): \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

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

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

Primary phone: \_\_\_\_\_  Cell  Home  Work

Secondary phone: \_\_\_\_\_  Cell  Home  Work

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

Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Male  Female Polo shirt size:  S  M  L  XL  XXL  XXXL

Are you a veteran?  Yes  No Rank: \_\_\_\_\_ Branch: \_\_\_\_\_

If yes, select one:  Active Duty  Reserves/National Guard  Retired  Former Military (not retired)

If yes, when/where have you served: \_\_\_\_\_

Are you requesting to fly with a specific veteran?  Yes  No

If yes, name of veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

*A completed Veteran Application must be submitted for this person.*

Did this veteran serve in one of the following?  WWII  Korean War  Vietnam War

How did you hear about Honor Flight Chicago? \_\_\_\_\_

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

Please list your current work experience (if retired, please list your most recent work experience):

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

Primary responsibilities/accomplishments \_\_\_\_\_

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

Can you easily maneuver in tight spaces to assist veteran in need? (Airplane, bathrooms, charter bus)  Yes  No

Please list all allergies: \_\_\_\_\_

List all current medications: \_\_\_\_\_

Do you smoke?  Yes  No

Do you have diabetes?  Yes  No

If yes, how do you control it?  Insulin  Pill  Diet controlled

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: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Please list one personal reference (not a relative).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate as a participant or a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Chicago Corp, an Illinois not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to my own health issues and fully release Honor Flight Chicago from all such liability relating to same.
- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight Chicago for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) The information I have provided is complete and accurate. I understand that the Honor Flight Chicago (HFC) Medical Team will review my application and health history. HFC must medically approve all Veterans and Guardians to participate. I agree to notify HFC immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the HFC Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFC.
- (iv) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight Chicago, and agree to defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (v) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

<p>Please print this form out in its entirety and mail, fax, or scan &amp; email the completed document to Honor Flight Chicago.</p> <p>If completing the form electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first.</u></p>	<p><b>Mail, fax, or scan &amp; email <u>all three</u> pages to:</b>  Honor Flight Chicago  Attn: Chicago Guardian Application 2019  9701 W. Higgins Rd., Suite 310  Rosemont, IL 60018-4703  <b>Fax:</b> 773-289-0909  <b>Email:</b> applications@honorflightchicago.org</p>
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