



Honor Flight Chicago

Guardian Application 2024

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 2024
9701 W. Higgins Rd., Suite 310
Rosemont, IL 60018-4717

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. Though it does happen, we rarely fly unattached guardians. If you are not requesting to fly with a specific veteran, we suggest completing the volunteer application at honorflightchicago.org. **NOTE: SPOUSES ARE NOT ELIGIBLE.** In order to be considered, the applicant must:

- _____ Be at least 18 years of age.
- _____ Physically fit and 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 a **MANDATORY** training on the Saturday prior to flight day.
- _____ If invited to be a Guardian you must pay the Guardian fee, which is **\$550** in 2024. Please note, the fee helps Honor Flight Chicago offset only a portion of our actual cost for your participation in the day.
- _____ Bring a digital camera with SD card or cell phone with a high-resolution camera to take photos of the trip.

Though we sometimes have more guardian applicants than seats available, we still encourage you to apply. In reviewing each 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 confirmed approximately 10 days prior to the flight. Questions? Visit honorflightchicago.org or call **773-227-8387**.

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 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 the COVID-19 virus or 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: _____

Please print this form out in its entirety and mail, fax, or scan & email the completed document to Honor Flight Chicago.

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