

**MID-MICHIGAN HONOR FLIGHT-MISSION #19**  
**FEMALE SERVICE MEMBER/GUARDIAN APPLICATION**

DESIGNATED GUARDIAN

GENERAL GUARDIAN

**Veterans Name:** \_\_\_\_\_

The Mid-Michigan Honor Flight Program would not be successful without the generous support of our Guardians. Guardians are responsible for physically assisting veterans during the entirety of the event, which may include walking, lifting, and/or pushing a wheelchair for a substantial distance during their Veterans visit to the memorials. **Guardians cannot be a spouse. She must be a Female Service Member or Veteran and must be between 18 –65 years of age.** Each Guardian is also **required** to attend a mandatory training session. Information will be provided to selected guardians on the date and time of the training. **As a Guardian you must also be able to make a 3-day commitment to your Veteran.**

**PLEASE PRINT ALL INFORMATION:**

Name: \_\_\_\_\_  
(Please print your **full name**, this includes middle name, as it appears on your photo ID)

Maiden Name: \_\_\_\_\_ Date of Birth (M/D/YY): \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Shirt size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

Are you a Veteran? Yes \_\_\_ No \_\_\_ (if no, you cannot be a Guardian for this flight).

If yes, indicate BRANCH of service, years of service, whether or not you are retired from the Military and where you served: \_\_\_\_\_  
\_\_\_\_\_

Medals/Awards/Commendations received: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Please list one emergency contact available on day of travel:

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

Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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Do you have a specific Veteran that you plan to travel with? If you do, the Veteran's application must be on file before the Veteran is notified by letter of flight date.) If not, leave this blank.

Veteran's name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to Vet (if any): \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Mid-Michigan Honor Flight (MMHF) activities through video, photo, website or other media to be used solely for the purposes of MMHF promotional material and publications and waive my rights of compensation or ownership.
2. I understand that medical insurance is my responsibility and I understand that neither MMHF nor the aircraft provider provides medical coverage. I understand that I accept all risks associated with travel and other MMHF or HFN activities and will not hold them or the flight provider or any person/group liable for any injuries incurred while participating in a MMHF or HFN Program.
3. I understand that if I am requesting to travel with a specific veteran, he/she must fill out a separate Veteran application.
4. I understand that the Board of Directors has final approval of my selection and that I will be contacted when a seat becomes available on this flight. Or I understand that I may be chosen for a future flight.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail this form to:**

Mid-Michigan Honor Flight  
5139 Greenacres Dr.  
Frederic, MI 49733

Questions? Call 231-803-4255  
or visit: [www.midmichiganhonorflight.org](http://www.midmichiganhonorflight.org)

You can also scan and email your application to: [info@midmichiganhonorflight.com](mailto:info@midmichiganhonorflight.com)