

MID-MICHIGAN HONOR FLIGHT
GUARDIAN APPLICATION

Rev. 2019

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 prior to flight, during the flight and during the visit to the memorials. **Guardians cannot be a spouse and must be between 18 –70 years of age.** Each Guardian is also **required** to attend a mandatory training session to ensure the safety and success of the mission. Guardians must also be able make a 3 day commitment to their Veteran.

PLEASE PRINT ALL INFORMATION:

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

Nickname: _____ Date of Birth (M/D/YY): _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: Home _____ Cell _____

Email Address (REQUIRED): _____

Occupation: _____

T-shirt size: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

Are you a Veteran? Yes ___ No ___

If yes, indicate BRANCH of service, years of service and where you served:

Medals/Awards/Commendations received:

How did you learn about the Honor Flight organization?

Please list one personal reference that we may contact:

Name: _____ Relationship: _____

Phone - Day: _____ Evening: _____ Cell: _____

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Please list one emergency contact available on day of travel:

Name: _____ Relationship: _____

Phone - Day: _____ Evening: _____ Cell: _____

Are you requesting to travel with a specific veteran? (If yes, Guardian application must be on file before veteran is notified by letter of flight date.)

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 further state that medical insurance is the responsibility of the Guardian and I understand that neither MMHF, Honor Flight Network (HFN) or the aircraft provider provides medical care. 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 for any injuries incurred while participating in a MMHF or HFN Program.
- 3. I understand that Guardians make a \$500 donation to Mid-Michigan Honor Flight due prior to the flight.**
4. I understand that if I am requesting to travel with a specific veteran he/she must fill out a separate Veteran application.
5. 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 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

You can also scan and email your application to: info@midmichiganhonorflight.com