



Guardian Application

Honor Flight of Portland Oregon would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring each Veteran has a **safe** and memorial experience. Duties include, but not limited to, physically assisting veterans at the airport, during the flight and at the memorials. For further information, please call (971) 264-0814 or visit us at www.PortlandHonorFlight.org.

YOUR NAME: _____
(As it appears on your government issued ID, and for airline travel purposes)

PREFERRED NAME: _____ MALE _____ / FEMALE _____

DATE OF BIRTH: _____ AGE *(at time of application)*: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Do you have an alternate address? *(Snowbirds)* If so, please list below:

E-MAIL ADDRESS: _____

T-SHIRT SIZE: S M L XL XXL XXXL

OCCUPATION: _____

How did you learn about Honor Flight organization? _____

Why are you volunteering for Honor Flight? _____

Please list volunteer experience: _____

EMERGENCY CONTACT INFORMATION *(SOMEONE AVAILABLE THE DAYS YOU TRAVEL):*

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Are you requesting to travel with a specific Veteran? Yes No

Requested Veteran: Name: _____ Relationship _____

Are you able to push a Veteran in a wheelchair up an incline? Yes No

Can you lift 50 lbs? Yes No

Please list and describe any medical experience you may have (*EMT, paramedic, doctor, nurse, etc*): _____

Please identify any physical disabilities and/or medical conditions limiting your ability to fulfill the duties of guardian: _____

PLEASE NOTE: While on the trip, guardians are responsible for their own luggage as well as the luggage of your assigned Veteran. Each Veteran is provided a wheelchair for use during the trip and guardians assist with loading/unloading wheelchairs and luggage from the motorcoach. The Veteran who is physically able, can walk at many of the memorials.

Did you serve in the military? Yes No

Branch of service: _____ Dates: _____

Locations served: _____

Additional comments or concerns _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight of Portland Oregon trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of Honor Flight of Portland Oregon program. I hereby release the photographer and Honor Flight of Portland Oregon from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight of Portland Oregon activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of Portland Oregon promotional material and publications and waive any rights or compensation or ownership thereto.
2. Furthermore, I understand that medical insurance is the responsibility of the veteran (myself) and I agree to indemnify and hold harmless Honor Flight of Portland Oregon, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury or illness sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE: _____

DATE: _____

Please submit this application to:

Honor Flight of Portland Oregon
PO Box 80265
Portland, Oregon 97280

Questions? email PortlandHonorFlight@gmail.com or call (971)264-0814



Medical Supplement

Guardians and Volunteers

This information is necessary so we may provide you with the appropriate medical support during your trip. Information is for Honor Flight and medical personnel ONLY. Your responses will not affect your eligibility. Before your trip, we may ask for a statement from your physician to participate in the program.

Are you diabetic? YES ___ NO _____

Do you have a pacemaker? YES _____ NO _____

List any medication allergies _____

List any food allergies _____

List any dietary restrictions _____

MEDICATIONS

<i>Medication name</i>	<i>dosage</i>	<i>how often</i>

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Comments/Concerns _____

COVID-19

To decrease the risk of illness, all participants are strongly encouraged to be vaccinated and boosted against Covid-19.

Honor Flight Portland Oregon will follow the Center for Disease Control, Federal Aviation Administration and any federal or local masking recommendations/requirements.

HEALTH CARE PROVIDERS

1. Primary Care Provider

Name _____

Clinic and Phone Number _____

2. Cardiologist, if applicable

Name _____

Clinic and Phone Number _____

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2. Furthermore, I understand that medical insurance is the responsibility of the guardian or HFPO trip staff (myself) and I agree to indemnify and hold harmless Honor Flight of Portland Oregon, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury or illness sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE OF GUARDIAN or HFPO Trip Staff:

DATE: _____

Please submit this application to:

Honor Flight of Portland Oregon
P.O. Box 80265
Portland, OR 97280

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