

GUARDIAN APPLICATION



Permian Basin Honor Flight Volunteer Guardians travel with the Veterans on every Honor Flight. They provide complete assistance helping Veterans have a safe, memorable and rewarding experience. This is considered a working position and is not for the Guardian's tourism. Guardians have the most important job on the trip: To be at their assigned Veteran's beck and call. Unless they are a Veteran approved to serve as a Guardian as well, the cost of this all-inclusive trip is to be paid by the guardian. (Guardians who qualify for the No Cost trip must be able to prove military experience and fill out a Veteran Application as well.)

NAME: _____

(As it appears on your government ID for airline travel)

Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Height: _____ Weight: _____ Age: _____ Birthday: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

PLEASE PROVIDE YOUR TEE SHIRT SIZE: S M L 1XL

OCCUPATION: _____

VETERAN: YES NO

If yes, please complete Veteran Application as well.

SERVICE HISTORY

CHECK ALL THAT APPLY

WORLD WAR II KOREA VIETNAM DESERT STORM/GULF IRAQ AFGHANISTAN

BRANCH OF SERVICE: AIR FORCE ARMY AIR CORPS COAST GUARD MARINES NAVY RANK: _____

HOMETOWN (FROM WHICH CITY AND STATE DID YOU ENTER THE SERVICE?) _____

IS YOURS A GOLD STAR FAMILY? YES NO

EXPERIENCE

HOW DID YOU HEAR ABOUT PERMIAN BASIN HONOR FLIGHT? _____

WHY ARE YOU VOLUNTEERING FOR PERMIAN BASIN HONOR FLIGHT? _____

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE? _____

PLEASE NOTE ANY MEDICAL EXPERIENCE OR TRAINING YOU HAVE e.g. (EMT, DR, RN, CPR, PARAMEDIC, etc.: _____

HAVE YOU EVER BEEN ON AN HONOR FLIGHT BEFORE? YES NO

IF SO, WHEN? DATE: _____ DEPARTURE CITY? _____

CONTACT PERMIAN BASIN HONOR FLIGHT

VETERAN INFORMATION

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE? Yes No

IS THAT VETERAN A FAMILY MEMBER? Yes No

IF YES, PLEASE NAME THE VETERAN: _____

(Please remember that each Veteran must complete a Veteran Application as well, so that Commission may be reviewed.)

MEDICAL INFORMATION FOR GUARDIAN

(PLEASE ATTACH ADDITIONAL SHEET, IF NEEDED)

CAN YOU LIFT 50 POUNDS? Yes No CAN YOU WALK TWO MILES UNAIDED? Yes No

Honor Flight trips require a great deal of walking and, if necessary, pushing a Veteran in a wheel chair up and down hills.

PLEASE IDENTIFY ANY PHYSICAL DISABILITIES, RESTRICTIONS AND/OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN. _____

MEDICATIONS YOU ARE TAKING AND HOW OFTEN?

<u>MEDICATION</u>	<u>DOSE & HOW OFTEN</u>	<u>MEDICATION</u>	<u>DOSE & HOW OFTEN</u>
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCE

NAME: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Day): _____ Phone Evening: _____ Cell Phone: _____

EMERGENCY CONTACT DURING TRAVEL

NAME: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Day): _____ Phone (Evening): _____ Cell Phone: _____

E-Mail Address: _____

SIGNED: _____ DATE: _____

I understand by submitting this application I am granting permission to the Permian Basin Honor Flight and their representatives to contact the person listed in the event of an emergency or as deemed necessary on my behalf.

Please submit form with copy of DRIVERS LICENSE or PHOTO ID

By Mail to:

Permian Basin Honor Flight

PO Box 52890, Midland, TX 79710-2890

By E-Mail, preferred "PDF" format:

(PBHF is NOT responsible for information sent in Non-PDF format)

pbhonorflight@yahoo.com

STAFF USE ONLY

Veteran Name: _____ Veteran Name: _____ Date Rec.: _____