



# GUARDIAN APPLICATION

Sending 1000 World War II Veterans to Washington DC would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.), which costs \$300. For further information, please contact us at [www.AmericanWarrior.org](http://www.AmericanWarrior.org).

## CONTACT INFORMATION

YOUR NAME \_\_\_\_\_ as it appears on ID for airline travel

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_

If a veteran, please indicate which branch of service and when and where you served: \_\_\_\_\_

How did you learn about the American Warrior organization? \_\_\_\_\_

Why are you volunteering for Honor Flight? \_\_\_\_\_

Please list any prior volunteer experience: \_\_\_\_\_

## PLEASE LIST ONE PERSONAL REFERENCE

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## PLEASE LIST ONE EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

AmericanWarrior Honor Flight departs out of Bradley Airport on a chartered jet to Reagan International. We then visit and enjoy lunch at Washington DC Memorials. After a wonderful day in DC we then depart from Reagan to a hero's welcome at Bradley International. This experience will be once in a lifetime, but remember our focus is to assist these WWII heroes during their final journey to see the Memorial that was built 60 years after the end of the war.

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE? YES NO

IF YES, PLEASE NAME THE VETERAN \_\_\_\_\_

Please note veteran application must be submitted separately.

CAN YOU LIFT 100 POUNDS? \_\_\_\_\_

PLEASE IDENTIFY ANY PHYSICAL DISABILITIES, RESTRICTION AND/OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN. ALSO, PLEASE LIST ANY MEDICATIONS BEING TAKEN AND HOW OFTEN. \_\_\_\_\_

T-SHIRT SIZE: (S, M, L, XL, XXL, XXL) \_\_\_\_\_

PLEASE NOTE ANY MEDICAL EXPERIENCE YOU MAY HAVE (E.G., EMT, CPR, PARAMEDICS) \_\_\_\_\_

## PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. We will take pictures and video to document our trip to Washington DC. These pictures may appear on our website or elsewhere. I hereby release the AmericanWarrior from all claims and liability relating to said photographs. I hereby give permission for my images captured during AmericanWarrior activities through video, photo, or other media, to be used solely for the purposes of AmericanWarrior promotional materials and publications, and waive any rights or compensation of ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that AmericanWarrior.us does not provide medical care. I understand that I accept all risks associated with travel and other AmericanWarrior activities and will not hold AmericanWarrior.us responsible for any injuries incurred by me while participating with AmericanWarrior.
3. As a Guardian, I will pay for my own way and donate \$300 to the mission. I have the capacity to work with three veterans during an 18 hour day to and from Washington DC. I will do my best to assist my assigned Veterans throughout the day with transportation issues, mental and physical support.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## PLEASE MAIL TO THE FOLLOWING ADDRESS

AmericanWarrior.us  
PO Box #337  
35 Main St.  
Versailles, CT 06383