



**Honoring Western North Carolina's veterans –
their courage, valor and sacrifice in WWII**

A Service Project of Rotary District 7670



FOR HONORAIR USE ONLY Last Name: _____ Date Received: ____/____/____

Rotary District 7670 Honor Air

Guardian Application

HonorAir 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 not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. For further information, please contact Bob Haggard at (828) 697-6196. Thank you for your support.

DATE: ____/____/____

YOUR NAME: _____ NICK NAME: _____
(As it appears on your photo ID)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

E-MAIL ADDRESS: _____ AGE: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES NO

1. If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

2. Have you flown with HonorAir before?: YES NO

GOLF SHIRT SIZE: _____ (male or female)

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

3. Are you requesting to travel with a specific veteran, if possible? YES NO

If yes, please name the veteran: (Please note that completed veteran application must be submitted separately)



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4. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medication being taken and how often.

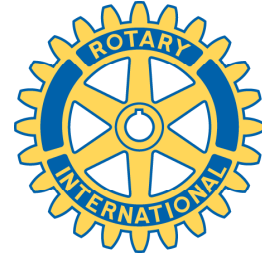
| MEDICATION | TAKEN HOW OFTEN? | MEDICATION | TAKEN HOW OFTEN? |
|------------|------------------|------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

5. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics): _____



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PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document HonorAir 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 the HonorAir program. I hereby release the photographer and HonorAir from all claims and liability relating to said photographs. I hereby give permission for my images captured during HonorAir activities through video, photo, or other media, to be used solely for the purposes of HonorAir promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that HonorAir does NOT provide medical care. I understand that I accept all risks associated with travel and other HonorAir activities and will not hold HonorAir responsible for any injuries by me while participating in the HonorAir program.

SIGNED*: _____
DATE: ____/____/_____

*If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____
(PARENT/GUARDIAN)
DATE: ____/____/_____

PLEASE SUBMIT THIS FORM TO:

ROTARY DISTRICT 7670
PO BOX 1954
ASHEVILLE, NC 28802