HFTOV Use Only: Last Name	Date Received:	Application Number:
The Tot Osc Only: East Harrie	_ Bate Received:	Application Romber.



Guardian Application

Honor Flight – Top of Virginia (HFTOV) would not be successful without the efforts and support of our Guardians. They play a critical role to ensure every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans from the time of departure until their return. Guardians must be between the ages of 18-65 and in good health. Communication is exclusively by email, so Guardians must provide an email address that they monitor frequently.

HFTOV cannot know how many guardians will be needed for any specific trip until all the applications from Veterans are in and we can begin matching Veterans to the most qualified guardians. You may check our website or email us at any time to determine the date of the next scheduled trip. Guardians selected to go on specific trips will be notified as soon as possible, but will usually be contacted approximately four weeks prior to the scheduled date.

For further information, please contact us via e-mail at honorflighttov@gmail.com, by phone at 540-692-9197, or vou can visit our website http://www.honorflight-tov.org.

,		
Contact Information:		
Name (as it appears on your ID):		Nickname (if applicable):
Address:		
City:	State:	Zip:
Phone (Home):	Phone (Cell):	Age: Weight: Male
E-mail Address:		il Address Carefully)
Shirt Size: S M L XL	_XXL XXXL	
How did you hear about Honor Fl	ght – Top of Virginia?:	
Have you ever been an Honor Flig	ht Guardian before and when?:	
Are you a Veteran? Yes	No Are you Active Du	uty? 🗌 Yes 🔲 No
Branch of Service:	Rank: Date:	s of Service:
Why are you volunteering for Hor	or Flight – Top of Virginia?	
Environment Courts A (Screen	7.11.1	
	available by phone the day you trave	
Name:	R	elationship:
Address:		
City:	State:	Zip:
Phone (Primary):	Phone (Alterna	ate):
E-mail Address:		

If yes, pleas	questing to travel with a specific Veteran? Yes se list the Veteran's name and phone number. Plean. Spouses may not serve as guardians. Veteran ap	ase coordi	inate with	that Veteran to assure that he/she submits a Veteran ownloaded from our website.
/eteran's N	lame			Phone Number
			V	N
are you able	e to push someone in a wheelchair throughout the o	uay ?	Yes	No
	ny physical disabilities, restrictions and/or medica e list any prescription medications you are current		ns that wo	ould limit your ability to perform the duties of a Guardia
Please list a	any medical education, certifications or experi	ence you	may hav	e (e.g. EMT, Paramedic, RN, CPR, etc.):
	REVIEW CAREFULLY AND SIGN: signed acknowledges and agrees that:			
1.	Top of Virginia trips and events, his/her image website, to acknowledge, promote or advant I hereby release the photographer and Hono	ge may a ce the wo or Flight - on for my dia, to be	ppear in a ork of Ho - Top of V images ca e used sol	a public forum, such as the media or a nor Flight – Top of Virginia program. /irginia from all claims and liability relating aptured during Honor Flight – Top of Virginia ely for the purposes of Honor Flight –
2.	I understand that medical insurance is the re and hold harmless Honor Flight – Top of Vir from any and all liability arising out of or in o connected with myself or family members w	ginia , its conseque	agents, spence of, or	ponsors, volunteers, and Board of Directors, r injury sustained as a result of, any activity
			e, willful r	ges or loss to the Honor Flight – Top of Virginia misconduct, dishonesty or fraud and for limited
3.	, , ,	of Virgini	ia organiz	zation which is caused by my simple negligence.
3. 4.	damages or loss to the Honor Flight – Top of	op of Vir	r ginia org	zation which is caused by my simple negligence. ganization includes the national non-profit

Please print, sign, date and mail this form to:

Honor Flight – Top of Virginia P.O. Box 163 Middletown, VA 22645