



**RI Honor Flight Guardian Application**

Honor Flight 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.

Guardians' responsibilities include, but are not limited to, physically assisting the Veterans at the airport, during the flight. The cost for a guardian is five hundred (\$500.00) dollars.

For further information, please contact us at 401-354-7905 or [rifrechiefshonorflight@gmail.com](mailto:rifrechiefshonorflight@gmail.com) or visit our website at [www.rihonorflight.com](http://www.rihonorflight.com)

**NAME:** \_\_\_\_\_ (As it appears on ID for airline travel)

**ADDRESS:** \_\_\_\_\_ **BIRTHDATE (DOB):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**Shirt size? (Circle one)** S M L XL XXL XXXL

**ARE YOU A VETERAN? (Circle one)** Yes No

If you are a Veteran, please indicate which BRANCH of service, along with WHEN and WHERE you served:

\_\_\_\_\_

1) How did you learn about our Honor Flight Hub? \_\_\_\_\_

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

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

**ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, etc.):**

**NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_

**PHONE:** Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

4) Are you requesting to travel with a specific veteran, if possible? \_\_\_\_\_ If yes, please name the veteran \_\_\_\_\_

**Please note:** A Veteran Application must be submitted separately.

5) Can you lift 100 pounds? \_\_\_\_\_

6) Please identify any physical disabilities, limitations, restrictions and/or medical conditions that would limit your ability to fulfill the duties of guardian. Also, please list any medications being taken and how often:

\_\_\_\_\_

7) Please note any medical experience that you may have (e.g. EMT, CPR, and Paramedic etc.):

\_\_\_\_\_

**NOTE:** When you have been assigned to an Honor Flight a medication list from your doctor or pharmacy must be provided.

**NOTE:** No had written medication list will be accepted.

**NOTE:** I agree that I have received the COVID19 Vaccination and have enclosed a photocopy of the COVID 19 Vaccination Record card.

**PLEASE REVIEW CAREFULLY AND SIGN**

**The undersigned acknowledges and agrees that:** 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 Rhode Island Fire Chiefs Honor Flight Hub from all claims and liability relating to said photographs. I hereby give permission for my images captured during Rhode Island Fire Chiefs Honor Flight Hub activities through video, photo or other media to be used solely for the purposes of Rhode Island Fire Chiefs Honor Flight Hub promotional materials and publications and waive any rights or compensation of ownership thereto.

1. I further state that medical insurance is the responsibility of the Guardian and I understand that Rhode Island Fire Chiefs Honor Flight Hub **does not** provide medical care. I understand that I accept all risks associated with travel and other Rhode Island Fire Chiefs Honor Flight Hub activities and will not hold Rhode Island Fire Chiefs Honor Flight Hub, its Officers, Directors, Staff or Volunteers responsible for any injuries incurred by me while participating with Rhode Island Fire Chiefs Honor Flight Hub.
2. As a guardian, I agree to make a **\$500.00** donation to support the mission of the Rhode Island Fire Chiefs Honor Flight Hub to cover my own travel expenses. I have the capacity to work with a veteran during an 18-hour day to and from Washington, DC. I will do my best to assist my assigned veteran throughout the day with transportation issues, as well as mental and physical support.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**NOTE:**

**GUARDIANS WILL BE REQUIRED TO ATTEND A MANDATORY ORIENTATION IN ORDER TO ACCOMPANY US AS AN HONOR FLIGHT GUARDIAN. THERE ARE NO EXCEPTIONS.**

**NOTE:** To be considered for a guardian position the applicant must be at least 21 years old.

**Please mail this application and any forms or documents to:**

Chief George S. Farrell (retired)  
Founder - Chairman  
Rhode Island Fire Chiefs Honor Flight Hub  
P.O. Box 28132  
Providence, RI 02908 -3700  
Email [rifirechiefshonorflight@gmail.com](mailto:rifirechiefshonorflight@gmail.com)  
Phone - 401-354-7905

**The Rhode Island Fire Chiefs Honor Flight Hub is an Official Hub of the Honor Flight Network™**