



GUARDIAN APPLICATION AND AGREEMENT

Veteran's Name: _____

Guardian's Full Name: _____

AS IT APPEARS ON YOUR PHOTO ID (this is used for airline purposes)

Relationship to Veteran: _____

Guardian's Date of Birth: _____

needed for airline security purposes

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

T-Shirt Size: _____ MALE or FEMALE

GUARDIAN AGREEMENT

- The Guardian will stay in the same hotel room with the Veteran.
- The Guardian must be able to push the wheelchair of the Veteran, if needed.
- The Guardian must be able to carry their own luggage as well as the Veteran's.
- The fee for a Guardian is \$1,200.00, which will cover airline, hotel, bus and meals. Mail check to below address or pay by credit card by calling 701-805-9552. Guardian fee should be paid before the pre-flight meeting.
- While there will be a medical team on the trip, the Guardian must be knowledgeable of the Veteran's medical concerns and medications.
- Please be aware that the Honor Flight committee may ask you to assist with other Veterans.
- You must be able to assist with lifting and mobility services to the Veteran you are a Guardian for, if needed. This requires all Guardians to be in good physical shape.
- The Guardian will not leave the Veteran unattended at any time.
- Spouses, significant others, partners, or fiancées are not eligible to serve as Guardians.

By signing this form, the Guardian agrees to pay \$1,200.00 for their portion of the trip. If the Guardian is unable to attend, their \$1,200.00 will be refunded or the Veteran may find an alternate Guardian. Also, by signing this form, the Guardian states that he or she is in good physical condition and agrees to the duties as stated in this agreement.

I (Guardian) agree to these conditions.

Signature

Date

If you have questions, please contact the Western ND Honor Flight at 701-805-9552.