

FOR HONOR FLIGHT USE ONLY: Last name: \_\_\_\_\_  
Postmark date or date personally received: \_\_\_\_\_



## Honor Flight of Southern New Mexico also serving El Paso, Texas



### GUARDIAN APPLICATION

**Guardians are volunteers and are expected to pay for their trip. The Guardian fee is \$1000.00**

**PLEASE PRINT LEGIBLY**

T-Shirt size \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
First Middle Last  
*(Exactly as it appears on your airline approved ID)*

Nick Name \_\_\_\_\_ Gender M F D.O.B. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (someone NOT traveling with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you are a Veteran, please indicate your Branch of Service, and where and when

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Are you requesting to be a guardian for a specific Veteran? \_\_\_\_\_ If yes, please note his or her name and relationship to you here:

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How did you learn about the Honor Flight program? \_\_\_\_\_

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

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Please list any prior volunteer experience:

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Can you lift 50 pounds?      YES      NO

Would you have difficulty pushing a wheelchair up a slight incline?      YES      NO

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian: \_\_\_\_\_

Please list any allergies that you may have:

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**PLEASE LIST ALL MEDICATIONS:**

<b>NAME</b>	<b>DOSE</b>	<b>HOW OFTEN</b>

**If you need room for additional medications, please list on the back of this application**

Please note any medical experience you may have (e.g.: EMT, Nurse, Paramedic, CPR, First Aid):

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Thank you for your application and interest in Honor Flight of Southern New Mexico. We would not be successful without the generous support of our Guardians. They ensure that our honored Veterans have a **safe** and memorable experience. It is a commitment of your time, utmost attention, and willingness to assist our Veterans in a variety of ways (luggage handling, pushing wheelchairs, etc.). Because it is a physically demanding job, all of our Guardians must be in good health and totally self-reliant. After receipt of your application, a Flight Team member will be in touch with you to discuss this unique opportunity in more detail with you.

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that Medical Insurance is the responsibility of the Guardian, and he/she further understands that **Honor Flight does NOT provide medical care.**

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to read and sign the next page.**

I, (**print name**) \_\_\_\_\_ am about to voluntarily participate as a passenger in various activities of Honor Flight of Southern New Mexico also serving El Paso, Texas (hereinafter HFSNM). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors, agree that the legal responsibilities of HFSNM is strictly limited. HFSNM has organized certain travel services, including air and surface transportation, which HFSNM purchases or reserves from various suppliers. The suppliers providing travel services for HFSNM are independent contractors and are not agents or employees of HFSNM. HFSNM does not act as an agent for any party whatsoever. HFSNM is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, or representatives, including, without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of HFSNM, I agree that neither HFSNM nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

HFSNM reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused participation in a tour based on race, sex, age, religion, disability or any other grounds for which refusal would violate governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect.

I hereby authorize and give full consent to HFSNM to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HFSNM programs. HFSNM may use, or cause to be used, this above material for any purpose without limitation or reservation.

**I have read, understand, and agree to the above statement and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations. I FURTHER SWEAR THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Signature of Guardian**

\_\_\_\_\_  
**Date**

**PLEASE ATTACH A COPY OF THE AIRLINE APPROVED PHOTO ID YOU WILL BE USING FOR THIS TRIP.**

**FOR MORE INFORMATION, PLEASE CONTACT US:**

**Toll Free Number: 1-844-697-1590  
Email: [info@honorflightnm.org](mailto:info@honorflightnm.org)**

**PLEASE MAIL YOUR COMPLETED APPLICATION TO:**

**Linda Widbur  
c/o Honor Flight of Southern New Mexico  
P. O. 14017  
Las Cruces, NM 88013**