



# Louisiana HonorAir, Inc.

## Guardian Application

### Personal Information

Full Name: \_\_\_\_\_  
*(As it appears on ID for airline travel)*                      *Last*                      *First*                      *M.I.*

Address: \_\_\_\_\_  
*Street Address*                      *Apartment/Unit #*

\_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Military Service: \_\_\_\_\_

Medical Expertise: \_\_\_\_\_

### Veterans' Information (for Louisiana HonorAir Use ONLY)

Veteran # 1: \_\_\_\_\_  
*Last*                      *First*                      *Phone*

Veteran # 2: \_\_\_\_\_  
*Last*                      *First*                      *Phone*

Veteran # 3: \_\_\_\_\_  
*Last*                      *First*                      *Phone*

### Payment Information

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_  Cash                       Check \_\_\_\_\_  Credit Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card \_\_\_\_\_

Address: \_\_\_\_\_  
*Billing Address*

\_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP Code*

Addtn'l Donation: \_\_\_\_\_

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you related to a veteran participating in the program? YES NO

If Yes, Veteran's Name and relationship to you: \_\_\_\_\_  
\_\_\_\_\_

Why are you volunteering to be a Guardian? \_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer services performed: \_\_\_\_\_  
\_\_\_\_\_

Have you ever flown in an airplane? YES NO

Can you lift 100 lbs.? YES NO

Can you be responsible for getting your assigned veterans to and from the airport, if necessary? YES NO

**MEDICAL INFORMATION**

MEDICATIONS (name and how often you take it):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any drug allergies? YES NO

Do you have a history of high blood pressure? YES NO

If YES, is it controlled with medications?

Do you have a history of heart problems? YES NO

IF YES, please describe:

Do you have problems with motion sickness (sea or air)? YES NO.

If YES, is it controlled with medications?

Do you have any breathing problems, sinus problems, allergies? YES NO.

If YES, please describe:

Additional Comments or Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*PLEASE REVIEW CAREFULLY AND SIGN*

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document *Louisiana HonorAir, Inc.* 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 *Louisiana HonorAir, Inc.* program.

I hereby release the photographer and *Louisiana HonorAir, Inc.* from all claims and liability relating to said photographs.

I hereby give permission for my images captured during *Louisiana HonorAir, Inc.* activities through video, photo, or other media, to be used solely for the purposes of *Louisiana HonorAir, Inc.* promotional material and publications, and waive any rights or compensation or ownership thereto.

I further state that medical insurance is the responsibility of the participant and I understand that *Louisiana HonorAir, Inc.* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Louisiana HonorAir, Inc.* activities and will not hold *Louisiana HonorAir, Inc.* responsible for any injuries incurred by me while participating in the *Louisiana HonorAir, Inc.* program.

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

Printed Name : \_\_\_\_\_

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

**PLEASE COMPLETE ALL THREE PAGES AND MAIL TO:**

**LOUISIANA HONORAIR, INC.**

**P.O. BOX 4616**

**LAFAYETTE, LA 70502**