



HONOR FLIGHT NEW ENGLAND

GUARDIAN APPLICATION FOR HONOR FLIGHT

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. Duties include, but are not limited to, physically assisting the Veterans at the airport, during the flight and at the Memorials. For further information, please contact [RW John A. MacLeod at 781.626.2907](tel:781.626.2907) or [Wor. George H. Raymond at 781.962.1960](tel:781.962.1960) or email: HonorFlight@MassFreemasonry.net

NAME: _____ (as it appears on ID for airline travel)
First Middle Initial Last

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL ADDRESS: _____ Age: _____

OCCUPATION: _____ ARE YOU A VETERAN? YES NO

EMPLOYER: _____ (please circle)

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

1. How did you learn about the Honor Flight organization? _____

2. Why are you volunteering for Honor Flight? _____

3. Please list any prior volunteer experience: _____

4. Please list one professional reference (excluding friends and family members):

Name: _____ Relation to Applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____

5. Please list one emergency contact:

Name: _____ Relation to Applicant: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: Day: _____ Evening: _____

6. Are you requesting to travel with a specific Veteran, if possible? YES NO

If yes, please name the Veteran: _____

(PLEASE SUBMIT VETERAN AND GUARDIAN APPLICATION TOGETHER)

7. Can you lift 100 pounds? YES NO

8. Please identify any physical disabilities, restriction and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. Also please list any medications being taken and how often.

9. T-shirt Size: (S, M, L, XL, XXL, 3XL): _____

10. Please note any medical experience you may have (e.g. EMT, CPR, Paramedics): _____

11. I agree that I have received the COVID19 Vaccination and have enclosed a photocopy of the COVID19 Vaccination Record card.

IN ORDER TO BE CONSIDERED FOR A GUARDIAN POSITION THE APPLICANT MUST BE BETWEEN 21 AND 64 YEARS OLD.

The undersigned acknowledges and agrees that:

1. 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 Honor Flight New England from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight New England activities through video, photo or other media to be used solely for the purposes of Honor Flight New England promotional materials and publications, and waive any rights or compensation of ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran/Guardian or individual traveling with Honor Flight New England and I understand that Honor Flight New England does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight New England activities and will not hold Honor Flight New England responsible for any injuries incurred by me while participating with Honor Flight New England.
3. As a guardian, I will donate a minimum of **\$750.00** to the mission for 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 Honor Flight policy prevents spouses traveling as guardians.
4. Veterans and Guardians are responsible for transportation to and from the airport or our meeting location.

Signed: _____ Date: _____

Printed Name: _____

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

LODGE NAME: _____ DISTRICT: _____

Please submit this form to: HONORFLIGHT@MASSFREEMASONRY.NET
OR MAIL TO: **MASONIC HONOR FLIGHT 186 TREMONT ST., BOSTON, MA 02116**

PAID ONLINE (Please attached your payment confirmation to your application when you send in)

PAID BY CHECK