

FOR HONOR FLIGHT USE ONLY: Last Name _____ **Date Received:** ____/____/____

Spouses/Significant others are not eligible to be guardians

**Eastern North Carolina Honor Flight
Guardian Application**

Eastern North Carolina Honor Flight, Inc., a hub affiliated with the Honor Flight Network, (“**Honor Flight**”) would not be successful without the generous support of our guardians. Thank you for your support! 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 veterans at the airport, during the flight and at the memorials. Guardians are responsible for their own expenses (flight donation, souvenirs, etc.). For further information, please visit our website www.enchf.org, contact us at (252) 670-8451 or at contactus@enchf.org All information provided on this application is for **Honor Flight** purposes only.

YOUR FULL NAME: _____ Nick Name: _____
First FULL middle name Last (if applicable)

Date of Birth: _____ Age: _____ (Must be at least 18 years old) Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

Drivers License OR State Picture ID# _____ Issuing State: _____ Real ID (Y/N)

Have you ever been convicted of a felony? Y N (Background checks will be done for all persons prior to trip)

Best Contact Phone: _____ Cell: _____

Email Address: _____ (For Honor Flight use only)

Tee Shirt Size: S M L XL 2XL 3XL, 4XL, Other _____ Can you lift 100 pounds? Yes No

Do you require a cane or other walking device? Yes No Occupation: _____

Are you an active: (EMT, Nurse, Doctor, 1st Responder.) _____

Are you yourself a Veteran? Yes No When did you serve: _____

Name of Veteran you are to be a Guardian For? _____

Your relationship to that Veteran: _____

(Veteran MUST have a veteran application filled out & signed - separate from this form)

Alternate Contact:

Name: _____

Best Phone: _____ Relationship: _____

Do they live with the Guardian: Y N

Emergency Contact Information: (someone available to contact the day you travel)

Name: _____ Relationship: _____

Best Phone: _____ Relationship: _____

Do they live with the Guardian: Y N

Your Name _____

Please make sure both pages 1 and 2 of this application are completed.

Revised 3/10/2026

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

Do you have a Pacemaker? YES NO Do you have a Defibrillator? YES NO

Are you Diabetic? YES NO (If Yes: ORAL or INSULIN or NO MEDS)

Food Allergies? _____ Dietary Restrictions? _____

Do you require a seatbelt extender on an airplane? YES NO

Medications (medication name and frequency) (please attach a list if you need more space)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have drug allergies? _____

Additional comments or concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN

I, the undersigned, acknowledge, and agree, that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my image, captured during Honor Flight activities through video, photo, or other media, to be used for purposes of Honor Flight promotional material and publications, and waive any rights to compensation or ownership thereto.

ONCE SELECTED AND ASSIGNED TO A FLIGHT, EACH GUARDIAN MAKES A \$400 DONATION, BEFORE THE FLIGHT, TO COVER A PORTION OF YOUR PARTICIPATION IN THE FLIGHT. YOU ARE ALSO REQUIRED TO ATTEND A GUARDIAN TRAINING PRIOR TO THE TRIP AND HONOR FLIGHT RESERVES THE RIGHT TO REMOVE YOU AS A GUARDIAN IF AT ANYTIME EVEN THE DAY OF TRIP IF WE FEEL THE SAFETY AND WELLBEING OF THE VETERAN IS IN JEOPORDY.

I am solely responsible for my medical insurance and I understand that Honor Flight does NOT provide medical care. I represent that I understand the duties as a guardian, am physically capable of performing them and will promptly notify Honor Flight of any limitations that may affect my ability to perform those duties. I understand and accept all risks associated with travel and all other Honor Flight activities. I further agree, without limitation, on behalf of myself and any heirs, successors or assigns, to hold Honor Flight wholly harmless for any injuries or any losses incurred by me while participating in any Honor Flight program.

SIGNATURE: _____ **Date:** ____/____/____
(Applicant must sign this application prior to actual flight date)

Please submit this completed form to:
Eastern North Carolina Honor Flight
ATTN: Guardian Application
P.O. Box 1021
Havelock, NC 28532

Please make sure both pages 1 and 2 of this application are completed.

Revised 3/10/2026