

# GUARDIAN APPLICATION



The Permian Basin Honor Flight is an authorized hub of the Honor Flight Network ©

Permian Basin Honor Flight Volunteer Guardians travel with the Veterans on every Honor Flight. They provide complete assistance helping Veterans have a safe, memorable and rewarding experience. This is considered a working position and is not for the Guardian's tourism. Guardians have the most important job on the trip: To be at their assigned Veteran's beck and call. Unless they are a Veteran approved to serve as a Guardian as well, the cost of this all-inclusive trip is to be paid by the guardian. (Guardians who qualify for the No Cost trip must be able to prove military experience and fill out a Veteran Application as well.)

NAME: \_\_\_\_\_  
*(As it appears on your government ID for airline travel)*

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE PROVIDE YOUR TEE SHIRT SIZE:  S  M  L  1XL  2XL  3XL  4XL

OCCUPATION: \_\_\_\_\_ VETERAN:  YES  NO  
*If yes, please complete Veteran Application as well.*

## SERVICE HISTORY

CHECK ALL THAT APPLY

WORLD WAR II  KOREA  VIETNAM  DESERT STORM/GULF  IRAQ  AFGHANISTAN

BRANCH OF SERVICE:  AIR FORCE  ARMY  AIR CORPS  COAST GUARD  MARINES  NAVY RANK: \_\_\_\_\_

HOMETOWN (FROM WHICH CITY AND STATE DID YOU ENTER THE SERVICE?) \_\_\_\_\_

IS YOURS A GOLD STAR FAMILY?  YES  NO

## EXPERIENCE

HOW DID YOU HEAR ABOUT PERMIAN BASIN HONOR FLIGHT? \_\_\_\_\_

WHY ARE YOU VOLUNTEERING FOR PERMIAN BASIN HONOR FLIGHT? \_\_\_\_\_

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE? \_\_\_\_\_

PLEASE NOTE ANY MEDICAL EXPERIENCE OR TRAINING YOU HAVE e.g. (EMT, DR, RN, CPR, PARAMEDIC, etc.): \_\_\_\_\_

HAVE YOU EVER BEEN ON AN HONOR FLIGHT BEFORE?  YES  NO

IF SO, WHEN? DATE: \_\_\_\_\_ DEPARTURE CITY? \_\_\_\_\_

## CONTACT PERMIAN BASIN HONOR FLIGHT

## VETERAN INFORMATION

ARE YOU REQUESTING TO TRAVEL WITH A SPECIFIC VETERAN, IF POSSIBLE?  Yes  No

IS THAT VETERAN A FAMILY MEMBER?  Yes  No

IF YES, PLEASE NAME THE VETERAN: \_\_\_\_\_

*(Please remember that each Veteran must complete a Veteran Application as well, so that Commission may be reviewed.)*

## MEDICAL INFORMATION FOR GUARDIAN

*(PLEASE ATTACH ADDITIONAL SHEET, IF NEEDED)*

CAN YOU LIFT 50 POUNDS?  Yes  No    CAN YOU WALK TWO MILES UNAIDED?  Yes  No

*Honor Flight trips require a great deal of walking and, if necessary, pushing a Veteran in a wheel chair up and down hills.*

PLEASE IDENTIFY ANY PHYSICAL DISABILITIES, RESTRICTIONS AND/OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO FULFILL THE DUTIES OF A GUARDIAN. \_\_\_\_\_

### MEDICATIONS YOU ARE TAKING AND HOW OFTEN?

MEDICATION

DOSE & HOW OFTEN

MEDICATION

DOSE & HOW OFTEN

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

## PERSONAL REFERENCE

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT DURING TRAVEL

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand by submitting this application I am granting permission to the Permian Basin Honor Flight and their representatives to contact the person listed in the event of an emergency or as deemed necessary on my behalf.

Please submit form with copy of DRIVERS LICENSE or PHOTO ID

By Mail to:

Permian Basin Honor Flight

PO Box 52890, Midland, TX 79710-2890

By E-Mail, preferred "PDF" format:

(PBHF is NOT responsible for information sent in Non-PDF format)

[info@permianhonorflight.org](mailto:info@permianhonorflight.org)

**STAFF USE ONLY**

Veteran Name: \_\_\_\_\_ Veteran Name: \_\_\_\_\_ Date Rec.: \_\_\_\_\_