



HONOR FLIGHT OF PORTLAND OREGON

GUARDIAN APPLICATION

Honor Flight of Portland Oregon would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring each Veteran has a **safe** and memorial experience.

Duties include: lifting and transporting heavy luggage; lifting and operating (quite heavy) wheelchairs; pushing a wheelchair for long periods, including up hills; assisting the Veteran in physical movement, including standing, sitting, or walking during the flight and at memorials while experiencing adverse weather conditions including heat, rain, and humidity.

Guardians are typically a friend or family member a generation younger (ages 21 – 65) and physically able. A Veteran's spouse cannot serve as their Guardian. A Guardian must also have physical endurance. Washington DC is a large place. We walk 7 – 8 miles on the days touring Washington DC. Each Veteran/Guardian team has a wheelchair and, at times, the Veteran is required to use the wheelchair.

Your name _____ Goes by _____

(as it appears on your state ID or passport for airline travel)

(if applicable)

Address _____ City/State _____ Zip _____

Primary phone _____ Secondary phone _____

Email _____

Date of birth (month/day/year) ____/____/____ Age ____ Ht/Wt ____

Gender Male Female T-shirt size S M L XL XXL XXXL

How did you hear about Honor Flight of Portland? _____

Why are you volunteering for Honor Flight? _____

Please list volunteer experience: _____

Are you requesting to travel with a specific Veteran? Yes No

Requested Veteran: Name: _____ Relationship _____

Are you able to push a Veteran in a wheelchair up an incline? Yes No

Can you lift 50 lbs? Yes No

Please list and describe any medical experience you may have (EMT, paramedic, doctor, nurse, etc): _____

Civic/Religious/Patriotic organizations you belong to _____

CONTACT INFORMATION

Primary emergency contact (someone not traveling with you—available the days you travel)

Name _____ Relationship _____

Address _____ City/State _____

Primary phone _____ Secondary phone _____

Email _____

Non-Spouse alternate contact (son, daughter, grandchild, friend, etc)

Name _____ Relationship _____

Address _____ City/State _____

Primary phone _____ Secondary phone _____

Email _____

Anything else you'd like us to know? _____

YOUR MEDICAL INFORMATION

The following medical information is required for Honor Flight of Portland veterans, guardians, and volunteers, in order to ensure your trip is safe and memorable.

Check mobility equipment used cane walker wheelchair scooter none

PLEASE GIVE DETAILS FOR ALL YES ANSWERS BELOW

If you are in a wheelchair, are you able to climb 5—6 stairs with assistance? yes no

Do you have a history of seizures? * yes no

Are you allergic to any food or medication? * yes no

Do you have breathing problems? * yes no

Do you utilize supplemental oxygen at any time? * yes no

**PORTABLE OXYGEN CONCENTRATORS ARE *NOT* PROVIDED.
VETERANS MUST PROVIDE AN AIRLINE APPROVED ONE PRIOR TO TRAVEL.**

Do you smoke? yes no

Do your mobility or breathing problems prevent you from walking longer distances?
(i.e. length of a football field)? yes no

Do you have diabetes? yes no

 If yes, is your medication injected or oral? yes no

 Does your medication need to be refrigerated? yes no

 Do you check your blood sugar regularly? yes no

***IF YES, YOU ARE REQUIRED TO BRING YOUR OWN GLUCOMETER AND SUPPLIES FOR THE TRIP**

Are there any other medical conditions we need to be made aware of? yes no

Are there any other medical equipment/supplies you use on a regular basis? yes no

DETAILS _____

MEDICATIONS (please attach additional sheets, if necessary)

MEDICATION / DOSAGE	MEDICATION / DOSAGE
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

HEALTH CARE PROVIDERS

Primary Care Provider

Name _____

Phone _____

Clinic _____

Cardiologist, if applicable

Name _____

Phone _____

Clinic _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight of Portland Oregon (HFPO) 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 HFPO program. I hereby release the photographer and HFPO from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFPO activities through video, photo, or other media, to be used solely for the purposes of HFPO promotional material and publications, and waive any rights or compensation or ownership thereto.

I also understand that HFPO officials may release my contact information (mailing address, phone and/or email address) to requesting individuals on the flight for the sole purpose of communication and camaraderie with the other trip participants.

I further state that medical insurance is the responsibility of the traveler and I understand that neither HFPO nor the Flight Provider provides medical care. I understand that I accept all risks associated with travel and other HFPO activities and will not hold HFPO, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of HFPO responsible for any injuries incurred by me while participating in the Honor Flight of Portland Oregon program.

The undersigned acknowledges and agrees that the information on this application is correct.

Please print your name and sign below it

Print name _____

Date: _____

Signature _____

Please submit this form to

Honor Flight of Portland Oregon

PO Box 80265

Portland, OR 97280