



Guardian Application

Old Dominion Honor Flight (ODHF) would not be successful without the efforts and support of our Guardians. They play a critical role to ensure every veteran has a safe and memorable experience. Duties include but are not limited to physically assisting the veterans from the time of departure until their return. Guardians are required to pay a fee of \$100 to cover the cost of their own expenses. **Guardians will also need to attend a mandatory training session that will be scheduled approximately two weeks before the trip.** For the convenience of the Guardians training sessions are conducted in Richmond, Hampton and Norfolk. Communications is exclusively by e-mail so Guardians **MUST PROVIDE AN E-MAIL ADDRESS** that they monitor frequently.

Old Dominion Honor Flight cannot know how many guardians will be needed for any specific trip until all the veteran applications have been received and we can begin matching veterans to the most qualified guardians. You may check our various social media pages or email us any time to determine the date of the next scheduled trip. Guardians selected to go on specific trips will be notified as soon as possible, but will usually be contacted approximately 4 to 6 weeks prior to the scheduled date.

For further information, please contact us via e-mail at info.odhf@gmail.com or by phone at 1-877-261-3430. Thank you for your support!

Contact Information:

Name (as it appears on you ID): _____ Nickname (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____ Age: ___ Weight: ___ Male ___ Female ___

E-mail Address: | _____
(Please Print Email Address Carefully)

How did you hear about Old Dominion Honor Flight? _____

T-Shirt/Jacket Size: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

Departure Point (where you want to start your trip): Hampton ___ Richmond ___

Are you a veteran? Yes ___ No ___

If a veteran, please indicate which branch and when & where served: _____

Why are you volunteering for Old Dominion Honor Flight? _____

Please list any prior volunteer experience (other than Honor Flight):

Emergency Contact (Someone available by phone the day you travel)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

Please list one personal reference (someone not related to you who can speak to your character)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Phone (Alternate): _____

E-mail Address: _____

Are you requesting to travel with a specific veteran? Yes _____ No _____

If yes, please list the veteran's full name and phone number. (Please coordinate with that veteran to assure that he/she submits a Veteran Application (Note - spouses may not serve as guardians)

Veteran's Name: _____ Phone Number: _____

Are you able to push someone in a wheelchair for up to two hours? Yes: _____ No: _____

Please list any physical disabilities, restrictions and/or medical conditions that would limit your ability to perform the duties of a Guardian. Also, please list any prescription medications you are currently taking:

Please list any medical education, certifications or experience you may have (e.g. EMT, CPR, Paramedic, etc.):

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document **Old Dominion Honor Flight** trips and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the **Old Dominion Honor Flight** and the **Honor Flight Network**. I hereby release the photographer and **Old Dominion Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during **Old Dominion Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Old Dominion Honor Flight** promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for us to promote the program to other veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction before the trip.

2) I further state that medical insurance is my responsibility and I understand that **Old Dominion Honor Flight** does **not** provide medical care. I understand and accept all risks associated with travel and other **Old Dominion Honor Flight** activities and will not hold **Old Dominion Honor Flight** responsible for any injuries incurred by me while participating in this program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Old Dominion Honor Flight, Inc. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against the organization known as Old Dominion Honor Flight, Inc. for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Old Dominion Honor Flight, Inc. organization.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Old Dominion Honor Flight, Inc. organization for all damages, expenses and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Old Dominion Honor Flight, Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Old Dominion Honor Flight, Inc. organization.

I also understand and agree that I may be held liable for any damages or loss to the Old Dominion Honor Flight, Inc. organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Old Dominion Honor Flight, Inc. organization which is caused by my simple negligence.

I further understand that the term Old Dominion Honor Flight, Inc. organization includes the national non-profit organization known as Honor Flight Network, Inc., any officer, agent and/or employee thereof.

Signature: _____ Date: _____

Parent/Guardian Printed Name *: _____ Signature **: _____

** If applicant is under 18, a parent / guardian must also print and sign the form*

Please print, sign / date, and submit this form to:

Old Dominion Honor Flight
Attn: Guardian Application
4001 Virginia Beach Blvd #117 Box #150
Virginia Beach, Virginia 23452

or scan and e-mail to info.odhf@gmail.com