

Office use only: Last Name _____ Date Received: _____

Requested Veteran _____ Date Trained: _____

Signature of VNC of NI board: _____



GUARDIAN APPLICATION

Veterans Network Committee of Northern Illinois would not be successful without the generous support of our guardians. Guardians play a vital role on every trip, ensuring that each 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.

Important notes:

- As a guardian, you must agree to donate \$2,000.00 as determined by the Veterans Network Committee Board of Directors or find a sponsoring organization to donate this on behalf of you and your Veteran. This donation is due by July 1st. Your donation is tax-deductible as the Veterans Network Committee is a 501(c)(3) nonprofit. If you cannot make this time line please reach out for other accommodations.
- Guardians must be able to provide a recent physical showing you are in good health, and be approved by the Veterans Network Committee Board of Directors. Spouses, domestic partners, or significant others of Veterans are not eligible to serve as their assigned guardians.
- Once you are assigned to our trip, you must attend a mandatory guardian training course to understand the role and responsibilities. Currently, only in-person training is available.

Thank you for supporting our Veterans!

Name _____ (As it appears on your government issued ID) Nickname _____ (if applicable)

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____ Gender [] Male [] Female

Occupation _____ Veteran [] Yes [] No If yes, branch of service _____

Rank _____ When and where did you serve _____

Veteran's name you would like to be a guardian for _____

Why are you volunteering for Honor Flight? _____

Shirt Size (circle one) S M L XL XXL XXXL

Please note any medical experience you may have (EMT, CPR, Nurse, Paramedic, etc.) _____

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

Can you lift 100 pounds? [] Yes [] No

Would you have a problem pushing a wheelchair? [] Yes [] No

Please list any allergies you may have _____

Known allergies to medications _____

Do you carry an Epinephrine pen with you [] Yes [] No (If yes, please bring your epinephrine pen with you on the trip)

Do you have a history of seizures or taking seizure medication? [] Yes [] No

If yes: Date of last seizure _____ Type of seizures (i.e., grand mal, petit mal, other) _____

Do you have problems with motion sickness (sea or air)? [] Yes [] No

If yes, is it controlled with medications? [] Yes [] No

Do you smoke? [] Yes [] No

Medications

(Please list all medications including over the counter, list or attach another sheet of paper)

Medication	Taken how often?	Does it need to be refrigerated?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a problem walking the length of a football field unassisted? [] Yes [] No

Do you have any dietary restrictions or preferences? _____

Do you agree to share a room with your Veteran at the hotel? [] Yes [] No

If you do not agree to share a room with your veteran there will be an additional charge of \$425 to cover the cost of your own room. This room must be an adjoining room so you are able to have access to your Veteran at all times.

Emergency Contact Information

Name of Primary Doctor _____ Phone Number _____

Insurance Provider _____ Insurance Number _____

Name _____ Relationship _____

Address _____

City _____ State _____ Email _____

Home Phone _____ Cell Phone _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographs and video equipment are frequently used to memorialize and document the Veterans Network Committee of Northern Illinois Honor Flight 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 Veterans Network Committee of Northern Illinois Honor Flight program. I hereby give permission for my images captured during the Veterans Network Committee of Northern Illinois Honor Flight activities through video, photo or other media, to be used solely for the purpose of the Veterans Network Committee of Northern Illinois Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the guardian, and I understand that the Veterans Network Committee of Northern Illinois Honor Flight does **NOT** provide medical care. I understand and accept all risks associated with travel and other Veterans Network Committee of Northern Illinois Honor Flight activities, and will not hold the Veterans Network Committee of Northern Illinois Honor flight responsible for any injuries or illness incurred by me while participating in the Veterans Network Committee of Northern Illinois Honor Flight program.

Guardian Signature _____ Date _____

Printed Name _____

Please submit all 3 pages of this form with required signatures to:
Veterans Network Committee of Northern Illinois
Attn: Honor Flight
309 Circle Rd #1
Fox River Grove, IL 60021
Or email application to: veteransnetworkcommitteeofni@gmail.com
ANY QUESTIONS, CALL 224-357-0585

Optional information:

In order to help us receive local grant money to help us fund this and future trips, providing this income information will allow us to identify specific areas of the communities we are serving. This information will not be used to determine who we will or will not take on this trip, but will be used to help us qualify for funding opportunities from sponsoring organizations. This is not required but encouraged as it helps our organization serve as many Veterans as possible.

Yearly Gross Income Above \$65,501 []

Yearly Gross Income Below \$65,500 []