



**Triad Flight of Honor
Rotary District 7690
Honoring North Carolina's Veterans
Their Courage, Valor and Sacrifice in WWII**



FOR FLIGHT OF HONOR USE ONLY | Last Name: _____ Date received: ___/___/___

Guardian Application

Fee: \$200 (Do not send check until notified of flight assignment)

***FAMILY MEMBERS CANNOT ACCOMPANY THEIR VETERAN ON THE FLIGHT**

Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. As a Guardian, your duties may include, but are not limited to, assisting three veterans from the time they are assigned to you, helping them at the airport, during the flights and at the memorial.

1. Personal Information:

- a. Your name: _____ Rotary Club: _____
(As it appears on your government-issued photo ID)
- b. Street address: _____
- c. City: _____ State: _____ Zip: _____
- d. Phone (Day): _____ (Evening) _____ (Cell) _____
- e. Email address: _____
- f. DOB: _____
- g. Occupation: _____
- h. T-Shirt size: _____
- i. Are you a veteran? Yes No
If so, please indicate branch of service and when and where you served:

- j. Have you flown on this type of mission before? Yes No

2. Emergency Contact Information (someone available the day you travel)

- a. Name: _____ Relationship: _____
- b. Address: _____
- c. Phone (Day): _____ (Evening): _____ (Cell): _____

3. Your Capabilities

- a. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. These duties may include lifting as much as 50 pounds: _____
- b. List your medical experience, ex: EMT, COR, paramedic, RN:

**Please return application to:
Beth DePopas
Guardian Coordinator
11 Hobbs Place Greensboro, NC 27403
Telephone (336) 294-1487 Fax (336) 547-8957
Website: www.triadflightofhonor.com |
Email: tfohww2@gmail.com**