



Honor Flight Chicago

Medical Guardian Application

Please **complete** and submit **all three pages** of this form with required signature(s) as soon as possible to:

Honor Flight Chicago
Attn: Medical Guardian App
9701 W. Higgins Rd., Suite
310 Rosemont, IL 60018-4717

Scan & Email:

applications@honorflightchicago.org
**Fax to 773-289-0909
**Confirm all 3 pages have sent

Note: If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first.

PLEASE READ AND INITIAL THE FOLLOWING PRIOR TO FILLING OUT THIS APPLICATION.

In order to be considered for the Medical Guardian position the applicant must:

- _____ Be over 18-years-old with an active medical license & **state-issued REAL ID or valid Passport for air travel.**
- _____ Physically fit and able to participate in a demanding day. (*Pushing a wheelchair, extensive walking, extreme weather*)
- _____ After submission, the Medical Guardian must be approved and invited to participate.
- _____ If invited to be a Medical Guardian you must attend the **MANDATORY** Guarding Training on the Saturday prior to flight day.
- _____ If invited, you must pay the Medical Guardian fee, which remains \$298 for the 2025 season.
- _____ Bring a digital camera with SD card or a high-quality cell phone to capture photos of the experience for your veteran. Photos will be posted to the Honor Flight Chicago website.

Medical Guardians play a significant role in ensuring a safe and memorable experience for each veteran. The role of the Medical Guardian on each flight is observation, basic first aid, and safety. If a Veteran or Guardian needs medical care beyond basic first aid, they will be transferred to a hospital via ambulance. The Medical Guardian must have a strong clinical background in triage and/or acute care. Each Medical Flight Team consists of 10-13 team members (MD, DO, APN, RN). We have more Medical Guardian applicants than we have seats available. For further information, please contact us at 773-227-VETS (8397) or find us at www.honorflightchicago.org. Thank you for your support!

Are you a family member requesting to fly with a specific veteran?

If answer is yes, please complete the Guardian Application instead at www.honorflightchicago.org.

Your Name (As it appears on your **REAL ID**): _____

Nickname: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary phone: _____ Cell Home

Secondary phone: _____ Cell Home Work

Email Address: _____

Date of birth (Month/Day/Year): ____ / ____ / ____ Height: _____ Weight: _____

Polo shirt size: S M L XL XXL XXXL

Are you a veteran? Yes No If yes, select one: Active Duty Reserves/National Guard
 Retired Former Military (not retired)

Please provide Rank: _____ Branch: _____

When/Where have you served: _____

How did you hear about Honor Flight Chicago? _____

Why are you volunteering for Honor Flight Chicago? _____

Please indicate your profession (MD/DO/APN/RN): _____ Years of experience? _____

License number and expiration: _____

Are you CPR certified? Yes No If yes, indicate the date of expiration: _____

Please explain your past and present work experience in healthcare: _____

Can you lift 50 pounds? Yes No *As the flight day progresses, we have found that veterans need more assistance with ambulation and transfers.

Can you push a wheelchair all day? Yes No

Can you easily maneuver in tight spaces to assist veteran in need?
(Airplane, bathrooms, charter bus) Yes No

Please list all allergies: _____

List all current medications: _____

Do you have diabetes? Yes No
If yes, how do you control it? Insulin Pill Diet controlled

Do you currently have, or have you had a history of heart problems? Yes No
If yes, please explain: _____

Do you have a history of seizures? Yes No
When was your last seizure? _____

Do you have any physical disabilities or limitations? Yes No
If yes, please describe: _____

Do you have motion sickness? Yes No

Other medical or health concerns not previously disclosed: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone - Cell: _____ Home: _____ Work: _____

Please list one professional reference.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please list one personal reference (not a relative).

Name: _____ Relationship: _____

Phone: _____ Email: _____

HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a participant or a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Chicago Corp, an Illinois not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof (“Honor Flight Chicago”). In consideration of and as a condition of Honor Flight Chicago permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to the COVID-19 virus or my own health issues and fully release Honor Flight Chicago from all such liability relating to same.
- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight Chicago for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) The information I have provided is complete and accurate. I understand that the Honor Flight Chicago (HFC) Medical Team will review my application and health history. HFC must medically approve all Veterans and Guardians to participate. I agree to notify HFC immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the HFC Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of HFC.
- (iv) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight Chicago, and agree to defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (v) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Date: _____ Signature: _____

Print name: _____

Address: _____

City: _____ State: _____ Zip code: _____

<p>Please print this form out in its entirety and mail, fax, or scan & email the completed document to Honor Flight Chicago.</p> <p>If completing the form electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first.</u></p>	<p>Mail, fax, or scan & email all three pages to: Honor Flight Chicago Attn: Medical Guardian App 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4717 Fax: 773-289-0909 Email: applications@honorflightchicago.org</p>
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