



**Honoring North Carolina's Veterans  
Their Courage, Valor and Sacrifice in WW II**  
*A Community Supported Project of North Carolina's Car and Truck Dealers*

## 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 full name: \_\_\_\_\_ (as on your drivers license)
- 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, 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:  
\_\_\_\_\_