

# GUARDIAN APPLICATION

## This is For 16<sup>th</sup> District Honor Bus Only

*Honor Bus* would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a **safe** and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the memorials. Guardians are also responsible for their own expenses. Thank You for your support.

NAME: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served:

\_\_\_\_\_  
\_\_\_\_\_

### Please list one (1) emergency contact:

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_

Can you lift 100 pounds? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_

Also, please list any medications being taken and how often. \_\_\_\_\_

T-Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

Please note any medical experience you may have (e.g., EMT, CPR, Paramedics):

\_\_\_\_\_

\_\_\_\_\_

(continued)

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **HONOR BUS** trips and events, his/her image may appear in a public forum, such as the media or websites, to acknowledge, promote or advance the work of the **HONOR BUS** program. I hereby release the photographer and **HONOR BUS** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HONOR BUS** activities through video, photo, or other media, to be used solely for the purposes of **HONOR BUS** 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 **HONOR BUS** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **HONOR BUS** activities and will not hold **HONOR BUS** responsible for any injuries incurred by me while participating in the **HONOR BUS** program

SIGNED\*: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

\* If under 18, a parent/guardian must also sign and date below.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This form for the 16<sup>th</sup> District Honor Bus**

**Please submit this form to:**

American Legion Post 247

PO BOX 655

REMINGTON, VA 22734

Any further questions

EMAIL [alvajssp@msn.com](mailto:alvajssp@msn.com) Subject Line Honor Bus Question

PHONE 540 -270-3096 PLEASE Leave a Message