



## VOLUNTEER ESCORT APPLICATION

HonorAir Knoxville would not be successful without the generous support of our volunteer escorts. Volunteer Escorts 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 3-4 veterans at the airport, during the flight and at the memorials. This also includes making sure they have transportation to and from orientation and the airport. The fee for a volunteer escort is a minimum contribution of \$500 per trip and is payable upon your acceptance as a Volunteer Escort. PLEASE DO NOT SEND YOUR MONEY NOW. You will find that sharing this day with these men and women will be a very rewarding experience. Note: It is against HonorAir policy to take a spouse as a volunteer escort. For further information, please contact us at 865-859-9279. Thank you for your support.

YOUR NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

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

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

PHONE (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are a veteran, please indicate the BRANCH of service, and WHEN and WHERE you served: \_\_\_\_\_

Are you a Federal Agent or associated with any Federal Law Enforcement Agency? YES \_\_\_\_\_ NO \_\_\_\_\_

1. Please list one (1) personal reference:

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

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

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

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

Phone (Evening): \_\_\_\_\_ (Evening): \_\_\_\_\_

2. Please list one (1) emergency contact:

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

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

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

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

Phone (Evening): \_\_\_\_\_ (Evening): \_\_\_\_\_

3. Are you requesting to travel with a specific veteran, if possible? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the veteran: \_\_\_\_\_

(Please note that the veteran must complete a veteran application and both veteran and volunteer escort application must be submitted at the same time.)

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

5. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a volunteer escort: \_\_\_\_\_  
\_\_\_\_\_
  
6. Please note any medical experience you may have (ex: EMT, CPR, Paramedics): \_\_\_\_\_  
\_\_\_\_\_
  
7. Please explain in 50 words or less why you are volunteering to be a volunteer escort on the next HonorAir Knoxville flight: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document HonorAir Knoxville 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 HonorAir Knoxville program. I hereby release the photographer and HonorAir Knoxville from all claims and liability relating to said photographs. I hereby give permission for my images captured during HonorAir Knoxville activities through video, photo or other media to be used solely for the purpose of HonorAir Knoxville promotional material and publications, and waive any rights or compensation or ownership thereto.
  
2. I further state that my medical insurance is my personal responsibility, and I understand that HonorAir Knoxville does NOT provide medical care. I understand that I accept all risks associated with travel and other HonorAir Knoxville activities and I will not hold HonorAir Knoxville or any of its agents, employees, members, shareholders, officers, directors or volunteers responsible for any injuries incurred by me while participating in the HonorAir Knoxville program.

*(By signing here I understand that a possible background check could be performed, at the discretion of HonorAir Knoxville).*

SIGNATURE: \_\_\_\_\_  
(If under 18, a parent/guardian must also sign and date below)

SIGNATURE: \_\_\_\_\_

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

Email applicants will be required to sign prior to actual flight date.

Please submit this for to: **HonorAir Knoxville**  
**Attn: Volunteer Escort Application**  
**P.O. Box 12990**  
**Knoxville, TN 37912**

Or email to: [jrector@honorairknoxville.com](mailto:jrector@honorairknoxville.com)





# MEDICAL QUESTIONNAIRE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Medical Information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Information is for HonorAir and medical personnel ONLY.**

**Please provide dates of COVID vaccinations:** (Circle One) Pfizer Moderna J & J

1st Vaccine Date \_\_\_\_\_ 2nd Vaccine Date \_\_\_\_\_

**Medications:** (Name of medication and how often you take it)

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? YES NO  
 If yes, please list them here: \_\_\_\_\_

Do you have a history of seizure? YES NO  
 If yes, please describe what type. (i.e. grand mal, petit mal, other)

When was your last seizure? \_\_\_\_\_  
*If the last seizure occurred within the last 5 years, it is STRONGLY advised that you discuss this trip with your private physician.*

Do you have problems with motion sickness (sea or air)? YES NO  
 If yes, is it controlled with medications? YES NO  
*If motion sickness is not controlled with medications, it is STRONGLY encouraged to discuss the trip with your private physician.*

Do you have any breathing problems? YES NO  
 If yes, please describe: \_\_\_\_\_  
 Do you use a home nebulizer machine? YES NO  
 If yes, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use oxygen at any time? YES NO  
 If yes, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a problem walking the length of a football field without assistance? YES NO  
If yes, please describe the reason. (i.e. lung problems, arthritis, heart problems,  
etc.) \_\_\_\_\_

Do you have a history of open head injuries, sinus problems, or ear problems? YES NO  
If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO  
IF YES, did you have any problems? YES NO  
IF YES, it is STRONGLY advised that you discuss the trip with your private  
Physician. If you have NEVER flown since the open head injury, sinus or ear  
Problems, we STRONGLY advise you to discuss the trip with your physician.

Do you have a urostomy or colostomy bag? YES NO  
If YES, please make sure the bag is vented prior to the flight. If you do not know  
If your bag is vented, it is STRONGLY advised that you discuss the issue with your  
Private physician.

Additional comments or concerns:

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**HONORAIR TOUR CONDITIONS & LIABILITY RELEASE**  
**(PLEASE READ, SIGN AND RETURN ONE COPY)**

I, the undersigned, am about to voluntarily participate as a passenger in various activities of HONORAIR – KNOXVILLE. Some of these activities are sponsored or subsidized by Prestige Cleaners, Inc., a Tennessee corporation. (HonorAir – Knoxville, Prestige Cleaners, Inc. and their employees, members, shareholders, officers, directors, volunteers and other agents are hereinafter referred to as “Releasees”). In consideration of these valuable services in allowing me to participate in these activities, I, for myself and my heirs, administrators, executors, assigns, agents and successors, agree that the responsibility of Releasees is strictly limited. Releasees organize certain services, including travel services, air and surface transportation, which Releasees purchase or reserve from various suppliers. The suppliers providing travel services for the HonorAir tour program are independent contractors and are not agents or employees of Releasees. Releasees do not act as agent for any party whatsoever. Releasees are not responsible for the willful or negligent acts and/or omissions of such suppliers or of any air carrier, motor coach line or their respective employees, agents, servants or representatives including, without limitation, their failure to deliver or their partial or inadequate delivery of services.

I agree that none of Releasees shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to, acts of terrorism, war, defects in vehicles, breakdown in equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

For myself and my personal representatives, heirs and next-of-kin, I hereby release, waive, discharge and covenant not to sue Releasees with respect to any and all liability for all loss or damage on account of any bodily injury, death or property damage resulting from my participation in any HonorAir – Knoxville program or event. I agree to indemnify, defend and hold harmless Releasees with respect to any such injury or damage. I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to participation in any such program or event, whether caused by the negligence of Releasees or otherwise.

Releasees reserve the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person may be refused from a tour based on race, sex, excess age, religion, and disability or on any other grounds for which refusal would violate any federal, state or other governmental laws or regulations. Any provision of this Release that is prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof, and any such prohibition or unenforceability shall not invalidate or render unenforceable any such provision in any other jurisdiction. I hereby authorize and give full consent to HonorAir to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HonorAir programs. HonorAir may use or cause to be used this above material for any purposes without limitation or reservation.

I HAVE READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND BY MY SIGNATURE TO GIVE TO RELEASEES A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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Signature of Participant

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Date

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Signature of Witness

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Name of Participant, Address