



# Veteran Application

**Honor Flight** recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority is given to WW II and terminally ill veterans from all wars. In the future, **Honor Flight** will be expanded to include Korean and Vietnam veterans. In order for **Honor Flight** to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at **Honor Flight**.

YOUR NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
(Use your full name as it appears on your driver's license or government ID)

ADDRESS: \_\_\_\_\_ GENDER:  M  F

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

\_\_\_\_\_. T-SHIRT SIZE: (S,M,L,XL,2XL,3XL,4XL) \_\_\_\_\_

PREFERRED DEPARTING AIRPORT: \_\_\_\_\_

## ALTERNATE CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Someone available on the day you travel)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

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

## SERVICE HISTORY

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ SERVICE DATES: \_\_\_\_\_

HOMETOWN: (City and State from which you entered the military) \_\_\_\_\_

ACTIVITY DURING SERVICE: \_\_\_\_\_

**MEDICAL**

**INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

DO YOU USE MOBILITY EQUIPMENT? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE CIRCLE: CANE | WALKER | WHEELCHAIR | SCOOTER | OTHER \_\_\_\_\_

MEDICATION	HOW OFTEN TAKEN	MEDICATION	HOW OFTEN TAKEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **Drug Allergies**? \_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

Do you have a history of **seizures**? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe (grand mal, petit mal, other) \_\_\_\_\_

When was you last seizure? \_\_\_\_\_

If you have had a seizure within the last 5 years, it is strongly advised to discuss travel with your doctor

Do you get **motion sickness**? (sea, air, vehicle) \_\_\_\_ YES \_\_\_\_ NO

If YES, is it controlled with medication? \_\_\_\_ YES \_\_\_\_ NO

Do you have any **breathing problems**? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe: \_\_\_\_\_

Do you use a **home nebulizer**? \_\_\_\_ YES \_\_\_\_ NO

Do you use **oxygen** at any time? \_\_\_\_ YES \_\_\_\_ NO

If YES, you will need an oxygen prescription from your doctor to be able to use oxygen during the trip. Oxygen will be provided. The prescription should be included with the application.

Do you have a **problem walking** the length of a football field without assistance? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe (e.g., heart or lung problems, arthritis, etc.) \_\_\_\_\_

Do you have a history of **open head injuries, sinus problems, or ear problems**? \_\_\_\_ YES \_\_\_\_ NO

If YES, have you flown since the problem? \_\_\_\_ YES \_\_\_\_ NO

If Yes, did you have any problems flying? \_\_\_\_ YES \_\_\_\_ NO

Do you have a **urostomy** or **colostomy** bag? \_\_\_\_ YES \_\_\_\_ NO

If YES, please ensure the bag is vented prior to flight.

ADDITIONAL COMMENTS OR CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\* IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR \*\*\***

**PLEASE REVIEW CAREFULLY:**

**The undersigned acknowledges and agrees that:**

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight 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 veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

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

**PLEASE SUBMIT THIS FORM TO: HONOR FLIGHT, INC.  
175 SOUTH TUTTLE RD  
SPRINGFIELD, OH 45505**

**OR EMAIL TO: APPLICATIONS@HONORFLIGHT.ORG  
OR FAX TO: 937-521-2512  
OR CALL FOR ASSISTANCE: 937-521-2400**