

FOR HONOR FLIGHT USE ONLY:

Last Name: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_



# VETERAN APPLICATION

*Honor Flight* recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at no cost. Top priority (for which we are currently accepting application only) is given to WWII and terminally-ill veterans from all wars. In the future, *Honor Flight* will be expanded to include Korea War and Vietnam War 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*. For further information, please contact *Honor Flight* at: 937-521-2400 or visit the website at [www.honorflight.org](http://www.honorflight.org).

Name: \_\_\_\_\_ (as it appears on your ID, for airline travel purposes) Nickname: \_\_\_\_\_ (if applicable)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Mobile: \_\_\_\_\_

How did you learn about Honor Flight? \_\_\_\_\_

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

**ALTERNATE CONTACT** (Son, Daughter, etc.): Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Someone available the day you travel):

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

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

Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY** Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Home Town (From which city and state did you enter service?): \_\_\_\_\_

Activity During WWII: \_\_\_\_\_

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

Do you use mobility equipment?  YES  No If YES, circle device(s): CANE WALKER WHEELCHAIR SCOOTER POWERCHAIR

**MEDICATIONS** (name and how often you take it):

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

Do you have any drug allergies? \_\_\_\_\_

Do you have a history of seizures?  YES  NO Please describe what type (I.E. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_. If within the last 5 years, it is **STRONGLY** advised you to discuss tip with your private physician!

**PLEASE COMPLETE BACK PAGE**

Do you have problems with **motion sickness**?  YES  NO If YES, is it controlled with medications?  YES  NO

If motion sickness is not controlled with medicatons, it is **STRONGLY** advised you to discuss tip 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 this trip.

Do you use **oxygen** at any times?  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.

(e.g. 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 problems or ear problems occurred?  YES  NO If YES, did you have any problems?  YES  NO

If YES, it is **STRONGLY** advised you to discuss the trip with your private physician! If you have **NEVER** flown since the open head injury, sinus problems or era problems, again we **STRONGLY** advise you to discuss the trip with your private 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 you to discuss this issue with your private physician!

Additional comments or concerns you may have: \_\_\_\_\_

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***Please Review Carefully and Sign Below:***

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 of 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 of compensation or ownership thereto.

2) I further state that medical insurance is the responsibility of the volunteer and I understand that **Honor Flight** does not provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

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

PLEASE SUBMIT COMPLETED FORM TO:

BADGER HONOR FLIGHT, INC.  
P.O. BOX 258066  
MADISON, WI 53725

OR E-MAIL TO: [info@badgerhonorflight.org](mailto:info@badgerhonorflight.org) (Note: E-mail applicants must sign and scan document before sending)