

FOR HONOR FLIGHT USE ONLY L N: _____ D R: _____ / _____ / _____

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 (for which we are currently accepting application only) 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**. For further information, please contact us at (660)287-3271 or (660)553-1080 or visit us at www.honorflight.org

YOUR NAME: _____ NICK NAME: _____
(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

ADDRESS: _____ GENDER: ___ M ___ F

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ WEIGHT: _____ AGE: _____ DOB: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

_____ TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

EMERGENCY CONTACT INFORMATION - SOMEONE AVAILABLE THE DATE OF THE HONOR FLIGHT TRIP

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII: _____

ACTIVITY DURING KOREAN WAR: _____

ACTIVITY DURING VIETNAM WAR: _____

DATES OF 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.

MEDICATION TAKEN and HOW OFTEN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE BACK PAGE

Please circle the appropriate answer below:

Yes No Do you use mobility equipment? If yes, please circle device: Cane Walker Wheelchair Scooter

Yes No Do you use oxygen at any time?

If yes you will need your private physician to write a prescription for oxygen to be used during the flight and tour. You will need to bring an oxygen concentrator with you; we will provide oxygen in Washington DC if needed.

Yes No Do you have allergies? If yes, please list: _____

Yes No Do you have a history of seizures? If yes please describe (grand mal, petit mat, other) When was your last seizure? _____ If within the past 5 years, **STRONGLY** advise you to discuss trip with your doctor!

Yes No Do you have motion sickness? If so, is it controlled by medicine? **Yes No**

Yes No Do you have any breathing problems? If yes, please describe: _____

Yes No Do you have a home nebulizer machine? If yes, discuss the use of a hand held nebulizer with your physician for the trip.

Yes No Do you have a problem walking the length of a football field? If Yes, please described the reason, (lung problems, arthritis, heart problems, etc): _____

Yes No Do you have a history of open head injuries, sinus problems, or ear problems?

Yes No Do you have a urostomy or colostomy bag? If so, please make sure the bag is vented prior to the trip.

Additional comments or concerns: _____

It is strongly advised that if you answered yes to any of the above questions that you discuss the trip with your private physician!

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 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.
3. I further agree that I will either stay at a motel or residence in the Sedalia area, or have a travel companion to drive or accompany me home upon our return to Sedalia.

SIGNED: _____ DATE: ____/____/____

**Please submit this form to: Show Me Honor Flight
P.O. Box 1935
Sedalia, MO 65302-1935**

**Contacts: Pam Burlingame 660-553-1080
Jim Gaertner 660-527-3426**