

FOR FLAG CITY HONOR FLIGHT USE ONLY: L.N. _____ D.R. _____ Event _____



VETERAN APPLICATION

Flag City Honor Flight recognizes American Veterans for your sacrifices and achievements by taking you to Washington, D.C. to see your memorial at no cost. Top priority is given to WWII and terminally ill Veterans from all wars. Flag City Honor Flight will also take applications for Korean Veterans. For Flag City 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. In order to show our appreciation for all you have done, please consider this a small token of appreciation from all of us at Flag City Honor Flight.

GENERAL INFORMATION

Name (as it appears on your driver's license): _____

Nickname (if applicable): _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Weight: _____ Age: _____ T-Shirt size: S M L XL XXL XXXL

SERVICE HISTORY

How did you hear about the Honor Flight organization? _____

I am a: WWII Veteran Korean War Veteran Vietnam Veteran Other _____

Dates you served in the military (mm/yyyy to mm/yyyy): _____ / _____ to _____ / _____

Branch of Service: Army Air Force Navy Marines Coast Guard Merchant Marine

Type of Service: Active Duty National Guard Reserves

Rank: _____ Service Number (if known): _____

Country(ies) where you served: _____

Activity during the war: _____

Accommodations: _____

PRIMARY EMERGENCY CONTACT INFORMATION (someone available the day you travel)

Name: _____ Relationship: _____
Address: _____
PHONE: Day: _____ Evening: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT (son, daughter, etc.)

Name: _____ Relationship: _____
Address: _____
PHONE: Day: _____ Evening: _____

MEDICAL INFORMATION

Information provided here is for Flag City Honor Flight and medical personnel only.

Mobility equipment used: Cane Walker Wheelchair Scooter

If you use mobility equipment, are you able to climb stairs with assistance? Yes No

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

**If necessary, attach an additional sheet of paper.*

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 any drug allergies? _____

Do you have a history of seizures? Yes No Please describe what type: _____

When was your last seizure? _____ (i.e. grand mal, petit mal, other)

If within the past 5 years, it is **STRONGLY** advised you discuss this trip with your private physician.

Do you have a problem with motion sickness (sea or air)? Yes No

If Yes, is it controlled with medication? Yes No

If not controlled with medication, it is **STRONGLY** advised you discuss this 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** advised to discuss this trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you smoke? Yes No

Do you have a problem walking the length of a football field without assistance? Yes No

Do you have vision loss in one or both eyes or are you legally blind? Yes No

If Yes, please describe _____

Do you have diabetes? Yes No

If Yes, injected or oral medication? Injected Oral

Do you carry glucose with you? Yes No

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 you discuss this trip with your private physician.

If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you to discuss the trip with your private physician.

Do you use a urostomy or colostomy bag? Yes No

Known medical conditions. Additional comments or concerns: _____

BUDDY AND GUARDIAN INFORMATION

If you and a fellow Veteran who served at the same time would like to travel together, please ask him/her to complete a Veteran Application. It is very helpful if your application and your buddy's application are submitted together. We will do our best to have you both on the same flight, but we cannot make any guarantees. Please include your buddy's name and phone number below.

Buddy's Name: _____ Buddy's Phone: _____

To help ensure a safe and memorable experience, Flag City Honor Flight assigns each Veteran a personal companion for the day. These trained "Guardians" will provide excellent care and are responsible for being with their assigned Veteran throughout the trip. If you have a family member who wishes to travel with you as your Guardian for the day, please have them submit a Guardian Application. However, FCHF cannot guarantee your family member will be your Guardian. It is very helpful if your Guardian submits his/her application at the same time you submit your application. Spouses and significant others are not permitted to be Guardians. Guardians must be 18-65 years of age and physically able to provide all needed assistance.

Is there a specific Guardian with whom you wish to travel? Yes No

(Spouses and significant others are not permitted to be Guardians. Guardians must be at least 18 years of age and physically able to meet the demands of this long, but memorable day.)

Requested Guardian Name: _____ Phone: _____

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 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 of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the Volunteer, and I understand that neither Honor Flight nor the provider of 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.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____

If you are completing this application for your Veteran, please print your name, relationship to the Veteran, and provide a phone number for us to contact you.

Name: _____ Phone: _____

Relationship to the Veteran: _____

PLEASE SUBMIT THIS APPLICATION TO:

Flag City Honor Flight, Inc.
ATTN: Veteran Application
PO BOX 885
Findlay, OH 45839-0885

OR EMAIL TO

info@flagcityhonorflight.org

CONTACT US FOR MORE INFORMATION:

(419) 306-9723 or www.flagcityhonorflight.org.

Please refrain from smoking for the comfort and safety of Veterans.
FLAG CITY HONOR FLIGHT OBSERVES AN ALCOHOL-FREE AND SMOKE-FREE DAY.