

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 memorials at **no cost**. Top priority (for which we are currently accepting applications only) is given to WW II, terminally ill veterans from **all** wars and Korean 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*. Veteran must bring current form of government issued I.D. on flight day. For further information, please contact us at (269) 719-6931 or visit us at [www.talonsouthonorflight.org](http://www.talonsouthonorflight.org).

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_

*(Please List Your First, Middle & Last Name as it appears on your I.D.) (If Applicable)*

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GENDER** (circle one): M F **SHIRT SIZE** (circle one): S, M, L, XL, XXL, XXXL

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

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY:** Branch of Service *(circle one):* Army, Air Force, Navy, Marines, Coast Guard

**RANK:** \_\_\_\_\_ **WAR CONFLICT** *(circle one):* WWII, Korea, Other: \_\_\_\_\_

**DATES YOU SERVED IN THE MILITARY:** \_\_\_\_\_ **SERVICE #** *(if known)* \_\_\_\_\_

**ACTIVITIES DURING MILITARY 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.**

**Please circle any mobility equipment used:** Cane Walker Wheelchair Scooter

**If you are in a wheelchair, are you able to transfer with assistance onto the airplane or bus?** *(circle one):* Yes No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

**PLEASE CIRCLE A YES OR NO FOR THE FOLLOWING QUESTIONS:**

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**?

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Do you have a history of **seizure**? YES NO. Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_ . When was your last seizure? \_\_\_\_\_. If within past 5 years, **STRONGLY** advised you discuss 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** advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, please describe:

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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 have a **problem walking** the length of a football field without assistance? 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 the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you 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 flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Additional Comments or Concerns:

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**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.

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

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

**Please submit this form to: Talons Out Honor Flight, Inc.**

**ATTN: Veteran Application**

**52666 Buckhorn Rd.**

**Three Rivers, MI 49093-9647**

**Or email: talonsouthonorflight@gmail.com**