

For Honor Flight use only Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

### VETERAN APPLICATION



Honor Flight Network recognizes American veterans for their sacrifices and achievements by transporting them to Washington, D.C. to see their memorials at no cost. Priority is given to WWII, followed by the Korean War era, Vietnam War and terminally ill veterans from all wars. For Honor Flight to achieve this goal, Guardians travel with the veterans on every trip and provide assistance helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given us, please consider this a small token of appreciation from all of us at Honor Flight Savannah, Inc.

For more information please contact us at 912-367-9020 or at [honorflightsavannahinc@gmail.com](mailto:honorflightsavannahinc@gmail.com) Thank you for your service.

**YOUR FULL NAME:** \_\_\_\_\_

FIRST

FULL MIDDLE

LAST

**NICKNAME:** \_\_\_\_\_ **GENDER: M/F** \_\_\_\_\_

IF APPLICABLE

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

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

**PHONE/ DAY:** \_\_\_\_\_ **EVENING:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **T-SHIRT SIZE (S,M,L,XL,XXL,XXXL)** \_\_\_\_\_

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

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

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

**RELATIONSHIP** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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

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

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

**SERVICE HISTORY:** BRANCH OF SERVICE: \_\_\_\_\_

RANK: \_\_\_\_\_

HOMETOWN/ FROM WHICH CITY AND STATE DID YOU ENTER THE SERVICE? \_\_\_\_\_

ACTIVITY DURING WWII/KOREAN WAR ERA/VIETNAM WAR: \_\_\_\_\_

**MEDICAL**

Information provided WILL NOT disqualify you. It permits us to assess the support we need during the trip.

Do you have a history of **seizure**? YES/NO \_\_\_\_\_ If you have a history of seizures please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_

Do you have **motion sickness**? YES/NO \_\_\_\_\_ If yes, is it controlled with medications? YES/NO \_\_\_\_\_

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 physician concerning the use of portable hand-held nebulizers during the trip.

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

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

If YES, please describe the reason (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 traveled since the **open head injury, sinus or ear problems** occurred? YES/NO \_\_\_\_\_ If YES, Did you still have problems?

YES/NO \_\_\_\_\_ If Yes, it is strongly advised that you discuss the trip with your physician.

Do you use **mobility equipment?** YES/NO \_\_\_\_\_ If YES, please circle device:

Cane                      Walker Wheelchair      Scooter

Do you have an **urostomy or colostomy bag?** YES/NO \_\_\_\_\_ If YES, please make sure the bag is vented prior to the trip. If you do not know if your bag is vented, it is strongly advised that you discuss this with your physician.

Do you **Smoke?** YES/NO \_\_\_\_\_ Do you use **E-Cigarettes?** Yes/NO \_\_\_\_\_

Are you fully **vaccinated for COVID-19?** YES/NO \_\_\_\_\_

Are you **boosted for COVID-19?** YES/NO \_\_\_\_\_

**Please list your Medications:**

<u>Medication</u>	<u>Dose</u>	<u>Taken How Often?</u>
-------------------	-------------	-------------------------

---

---

---

---

---

---

---

---

Do you have any **nighttime confusion?** Yes/NO \_\_\_\_\_

Do you have any **drug allergies?** YES/NO \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_

\_\_\_\_\_

**Please provide the Name and Number of your Primary Care 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 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.
3. I have not traveled to Washington, DC on any previous Honor Flight supported or sponsored trip.

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_

Please submit this form to:

Honor Flight Savannah Inc.

Attn. Veteran Application

1943 Spring Branch Church Rd.

Baxley, GA 31513

Or via email to [honorflightsavannahinc@gmail.com](mailto:honorflightsavannahinc@gmail.com)