

**FOR HONOR FLIGHT USE ONLY: LAST NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## ***Veteran Application***

Honor Flight Network recognized American veterans for your sacrifices and achievements by having you to Washington, DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting applications only) is given to WWII and terminally ill veterans for all wars. Honor Flight will be expanded to include Korean and Vietnam veterans. Guardians fly with the veterans on every flight providing assistance for a safe, memorable and rewarding experience.

Please consider this trip a small token of appreciation from all of us at Honor Flight for the service and sacrifices you have given to your country. For further information please contact us:

Phone 785.364.2195, Email [derek.smith@jhcobras.net](mailto:derek.smith@jhcobras.net) or [sheri.dibbern@jhcobras.net](mailto:sheri.dibbern@jhcobras.net)

**PRINT YOUR FULL LEGAL NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_

(Print your name as it appears on your driver's license or government ID.)

**ADDRESS:** \_\_\_\_\_ **GENDER:** M F

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

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

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** \_\_\_\_\_

**ALTERNATE CONTACT** (son, daughter, etc.): Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available during your travel):

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

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

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY:**

**BRANCH OF SERVICE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

**HOMETOWN** (from which city and state did you enter the service?): \_\_\_\_\_

**ACTIVITY DURING YOUR SERVICE:**

# Medical Information

**The purpose of this form is to provide Honor Flight with information to appropriately assess your needs during the trip. All answers will remain confidential. Please explain your answers. You may write on the back if you need more room. Do you have a history of any of the following?**

Allergies such as food, drugs, bee stings, hay, horses, etc.?	Yes	No
Dietary restrictions? What type of diet are you on?	Yes	No
Heart problems? Arrhythmias? Past heart attack or stroke? Pacemaker?	Yes	No
Lung problems? Do you use oxygen continuously? during the day? or at night?	Yes	No
Do you use a CPAP or BiPAP?	Yes	No
Kidney disease requiring dialysis? If yes, how often?	Yes	No
Diabetes? Do you take Insulin, pills, or manage with diet alone?	Yes	No
Glaucoma, or visual problems, are you legally blind?	Yes	No
Hearing problems, do you wear hearing aids?	Yes	No
Trouble holding your urine or stool? Do you wear an ostomy bag?	Yes	No
Seizures?	Yes	No
Memory problems?	Yes	No
Do you use a cane, walker, scooter, or wheelchair to get around? Some or all of the time?	Yes	No
Do you have balance problems or history of falls?	Yes	No
Would you like a wheelchair provided for you for this trip?	Yes	No
Are there other medical conditions you have been diagnosed with that we should know about that might be a problem or concern while on this trip?	Yes	No
What medications, if any, do you take? Please specify if none are taken.		

NAME	DOSAGE	WHEN TAKEN

**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. I understand and I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight*, the airlines, 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Applicants will be required to sign an additional covenant prior to actual flight date)

**Please submit this form to:**

**Honor Flight North Jackson Co.  
c/o Derek Smith  
Jackson Heights MSHS  
12692 266th Road  
Holton, KS 66436**