

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date Received: _____/_____/_____



Veteran Application

Honor Flight recognizes **American WWII and KOREAN WAR veterans** for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Please consider this a small token of appreciation from all of us at **Honor Flight**. To be added to our waiting list, please complete and submit the application to the address on the reverse of this form. For further information, please contact us M – F, 9 – 5 at **(631)702-2423** or visit us at www.honorflightlongisland.org.

We won't call you when we receive your application, we will contact you when it's your turn.

YOUR NAME: _____ **NICK NAME:** _____

(As it appears on your ID for airline travel)

(If Applicable)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **Date of Birth** _____

HAVE YOU SEEN YOUR MEMORIAL? _____ TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

SERVICE BRANCH AND ACTIVE SERVICE DATES: _____ RANK: _____

***Do you have someone who would serve as your GUARDIAN? YES / NO. If yes NAME** _____

If not Honor Flight will provide a Guardian. Guardians MUST fill out an application and must be "next generation."

***Veterans may NOT drive themselves on Flight Day!! Who will be providing your transportation to and from the airport?**

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

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel)

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Mobile: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

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.

Do you use mobility equipment? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it): **List on a separate page if necessary.**

Do you have any **drug allergies**? _____

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, please 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: _____

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 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 a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. 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 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 an **ostomy 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: _____

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

SIGNED: _____

DATE: ____/____/____

Please submit this form to:

Honor Flight Long Island

C/O Department of Community Services
Southampton Town Hall
116 Hampton Road
Southampton, NY 11968

Phone (631) 702-2423 Fax (631) 287-5721

www.honorflightlongisland.org

NOTE: We will not call you **until it's your turn to fly; however, you are invited to call us anytime.**