



Rochester, NY Hub

Veteran Application

PLEASE COMPLETE ALL 3 PAGES

Honor Flight recognizes you, an American Veteran, for your sacrifices and achievements by flying you to Washington, DC to see your memorials at **no cost**. We are accepting applications from all eras, but top priority is given to WWII, Korean War, and terminally ill veterans. Guardians fly with veterans on every flight providing assistance to ensure a safe, memorable and rewarding experience.

YOUR FIRST NAME _____ **INITIAL** _____ **LAST NAME** _____

NICK NAME: (*for your trip name badge*) _____ GENDER: Male Female

DATE OF BIRTH: _____ WEIGHT: _____ SHIRT SIZE: S M L XL XXL XXXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Alternate/ Cell Phone: _____

E-MAIL Address: (*Please Print CLEARLY*) _____

As one option, please list a family member's email address.

1) How Did You Hear About Honor Flight?

2) SERVICE HISTORY:

WWII _____ Korea _____

Cold War (1955-64) _____ Viet Nam _____

Branch of Service: _____

Rank: _____

Date(s) of Service: _____

MOS Description/Service Assignments: _____

3) EMERGENCY CONTACT INFORMATION:

(*Someone available at HOME the day you travel*):

Name: _____

Relationship: _____

Address: _____

PHONE: Day: _____

Alternate/Cell Phone: _____

4) ALTERNATE CONTACT: (*Son, daughter, etc.*)

Name: _____

Phone: _____

E-Mail: _____

Relationship: _____



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MEDICAL: Information you provide is for Honor Flight and medical personnel use ONLY, and is handled in complete confidentiality. Information provided will not disqualify you from travel, but permits us to assess the support we need to provide during your trip.

5) Would you need assistance to walk the length of a football field? Yes___ No___

6) Can you walk up 7 bus steps with assistance? Yes___ No___

7) Do you use mobility equipment? Yes___ No___
If YES, please circle device(s):
Cane Walker Wheelchair Scooter

8) Please describe when you use mobility equipment:

9) MEDICATIONS:

Use back or attach another page if necessary

It is STRONGLY advised that you discuss this trip with your private physician if you have had: a seizure in the last five years, motion sickness not controlled with medication, if you have not flown since an open head injury, sinus or ear problems, or recent surgery.

10) Check if you have or had any of the following?

- ___ COPD, emphysema, asthma
___ Inhaler or nebulizer use
___ CPAP Machine
___ Dementia, memory loss, Alzheimer's
___ Diabetes
___ Heart attack, pacemaker, defibrillator, stents
___ Heart disease, chest pain
___ History of falls, dizziness, fainting
___ Joint Replacement
___ Kidney/renal disease
___ Seizures
___ Stroke
___ Urinary elimination problems
___ Urostomy, colostomy
___ Other health concerns:

11) Do you use a 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.

12) Do you use oxygen at any time? Yes___ No___
How often? _____

If YES, you will be asked to provide a prescription for oxygen to be used during the flight. Oxygen will be provided on the bus and at the hotel, and will be discussed when you are called for a flight.

13) Do you have any dietary restrictions/considerations?



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14) Are there other Veterans you want to travel with?
Yes ___ No ___

Please list their names:

Guardians must complete our HFR Guardian Application. A Guardian may be a relative, friend, or an Honor Flight Volunteer. Spouses, significant others, or partners of Veterans may not serve as Guardians. Guardians must be between 18 and 70 years of age. Veterans and Guardians will share a double occupancy room.

15) Would you like to travel with a specific guardian?

Name: _____

Relationship: _____

Guardian phone number: _____

16) 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, images of veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of *Honor Flight*.

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* promotions and publications, and waive any rights of compensation or ownership thereto.

- 2. I further acknowledge 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 I may incur while participating in the *Honor Flight* program.

SIGNED: _____

Date: _____

Please submit completed and signed application to:

**Honor Flight Rochester, Inc.
ATTN: Veteran Application
P.O. Box 23581
Rochester NY 14692**

Visit us at www.honorflightrochester.org