

VETERAN APPLICATION

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority is given to all WW II Veterans and terminally ill Veterans, then Korea era and Vietnam era Veterans. 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*. To achieve this goal, Guardian Donors fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. With exception to spouses, relatives and/or friends may qualify to be Guardians. Please refer to the Guardian applications for further information.

Honor Flight Central Florida serves the Central Florida Area for any applying Veteran, and flies from Orlando or Sanford on single day trips, on Saturdays only, in the spring and fall seasons. Trips include tours of the WWII, Korea War, and Vietnam War Memorials and Arlington National Cemetery. All Transportation and Meals are included at zero cost to any of our honorees. Honor Flight is a 501C3 All Volunteer Organization.

**For more information contact us at:
Honor.flight.central.florida@gmail.com or call 407-203-7010.**

E-Mail is the preferred contact method

Please fill out this form in its entirety and sign where requested.

FIRST NAME	MIDDLE NAME	LAST NAME
For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID that will be used for the airport TSA checkpoint.		

BIRTHDAY	GENDER (please circle)		
	MALE	FEMALE	
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
E-MAIL		T-SHIRT SIZE (circle one)	
		SMALL	MEDIUM
		LARGE	XL
		2XL	3XL
DAY PHONE	EVENING PHONE		CELL PHONE

Conflicts during your Service (*check all that apply*):

- WW II (12/7/1941 - 12/31/1946)
- Korea (6/29/1950 - 1/31/1955)
- Vietnam (2/28/1961 - 5/8/1975)
- Lebanon/Grenada (8/24/1982 - 12/15/1983)
- Panama (12/20/1989 - 2/13/1990)
- Gulf War / War on Terrorism (8/2/1990 - Present)
- Other

ARE YOU AFFILIATED WITH A GROUP THAT IS TRAVELING TOGETHER? **YES** **NO**
IF YES, WHAT ORGANIZATION?

SERVICE HISTORY

Branch of Service (check all that apply)

- ARMY
- NAVY
- AIR FORCE
- MARINE CORPS
- COAST GUARD
- ARMY AIR FORCE/AIR CORP
- MERCHANT MARINE

SERVICE DATES

HOMETOWN AT START OF SERVICE

HIGHEST RANK ATTAINED

ACTIVITY DURING SERVICE (JOBS, DUTY ASSIGNMENTS)

EMERGENCY CONTACT

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

CELL PHONE

E-MAIL

RELATIONSHIP TO APPLICANT

ALTERNATE CONTACT

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

CELL PHONE

E-MAIL

RELATIONSHIP TO APPLICANT

MEDICAL INFORMATION

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.

What is your **weight** in pounds?

What is your **height** in inches?

Do you have any **drug allergies**? YES NO

IF YES, PLEASE LIST/DESCRIBE:

Do you have any **food allergies**? YES NO

IF YES, PLEASE LIST/DESCRIBE:

Do you require a special meal/diet? YES NO

IF YES, PLEASE LIST/DESCRIBE:

PLEASE LIST ANY SURGERIES:

DO YOU USE ANY OF THE FOLLOWING ON A DAILY BASIS?

- Cane
- Scooter
- Walker
- Wheelchair
- Wheelchair (Wide)

Can you walk up & down a set of eight bus steps with assistance? YES NO

How far can you walk down a plane aisle?

- First row or two only
- Front half
- Can walk all the way to the back row

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.)

Are you able to get in/out of airplane seat without assistance? YES NO

Do you need an Aisle chair to get onto a plane? YES NO

Do you need a seatbelt extender? YES NO

Do you have any **breathing problems**? YES NO

If YES, please describe:

Do you use **oxygen** at any time? YES NO

Please describe your oxygen needs:

If you use Oxygen, we will need a prescription from your physician. The prescription will need to have:

1. Patient's name
2. The liter flow ordered for the patient
3. The hours per day the patient is to utilize it and the method of delivery
4. If the patient can utilize the pulse dose feature and not continuous flow
5. Physician's name, address, phone number and NPI number
6. The ordering Physician would also need to sign and date the prescription

Do you use a home **Nebulizer**? YES NO

Are you **visually impaired** beyond the need for eyeglasses? YES NO

Are you deaf or **hard of hearing** beyond the use of hearing aids? YES NO

Have you been diagnosed with **memory problems**? YES NO

Have you been diagnosed with **cognition** problems / sundowning? YES NO

Do you have **diabetes**? YES NO

Do you use insulin? YES NO

Do you have a **pacemaker or defibrillator**? YES NO

Do you have a **urostomy or colostomy bag**? YES NO

If YES, please describe: (Urostomy / colostomy / urinary catheter Info)

Do you have a history of **seizure**? YES NO

If Yes Please describe what type (i.e. grand mal, petit mal, other) and when your last seizure occurred?

Do you have problems with **motion sickness** (sea or air)? YES NO

If yes, is it controlled with medications? 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 flying? YES NO

Do you have a prosthetic limb or metal implant? YES NO

If YES, please describe:

Is there anyone specific that you would like to accompany you as your guardian?

GUARDIAN NAME		
GUARDIAN STREET ADDRESS		
GUARDIAN CITY	GUARDIAN STATE	GUARDIAN ZIP CODE
GUARDIAN DAY PHONE	GUARDIAN EVENING PHONE	GUARDIAN CELL PHONE
GUARDIAN E-MAIL		GUARDIAN RELATIONSHIP TO APPLICANT

Please ensure that the guardian submits a guardian application.

Please remember that your guardian CANNOT be your spouse.

Please note that your guardian MUST attend orientation the weekend prior to your flight.

The guardian will be responsible for the guardian fee in order for them to accompany you on the day of the trip, otherwise, we have a waiting list of guardians who would enthusiastically accompany you on the day of the trip.

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 my personal responsibility (the veteran) and I understand that neither Honor Flight nor the provider of the aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight Central Florida, the Honor Flight Network or the Flight Provider responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: _____ DATE: ____/____/____

Submit completed and signed applications to:
HONOR.FLIGHT.CENTRAL.FLORIDA@GMAIL.COM via email
or mail to:
Honor Flight Central Florida, Inc.
Box #191
5036 Dr Phillips Blvd
Orlando, FL 32819

*Please note that "BOX #191" must be on a separate line above the street address line and is NOT a P.O.Box

For assistance in completing this form please contact us at:
e-mail: honor.flight.central.florida@gmail.com
or by phone: (407) 203-7010.
Note: E-mail is the preferred method of contact