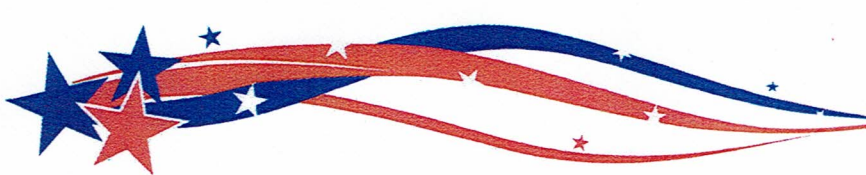


FOR HONOR FLIGHT USE ONLY LN: \_\_\_\_\_ DR: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# VETERAN APPLICATION



First priority for a trip is given to WWII veterans. Terminally ill veterans of any service period may be given the same priority as WWII veterans (physician statement required). To qualify for an Honor Flight, your service must have been within the dates of December 7, 1941 and May 7, 1975 and you must have been honorably discharged. Proof of service such as your DD214 is **required**. A copy must be submitted with this application in order to be considered for a flight. If you do not have a DD214, you can order a copy from this website:

<http://www.archives.gov/veterans/military-service-records/>. All fields and questions on this application must be completed. Please mail your application along with your proof of service to the address at the bottom of this application or you may email scanned copies to [veterans@honorflightsouthflorida.org](mailto:veterans@honorflightsouthflorida.org)

If you are unable or unwilling to attend an Honor Flight to Washington, DC, we hold periodic **Virtual Honor Flights**. To find out more about what a "Virtual Honor Flight" is all about, visit: [www.honorflightsouthflorida.org](http://www.honorflightsouthflorida.org).

Your Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(As it appears on your driver's license)

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Land \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (circle one): M F Shirt Size (circle one): S M L XL XXL XXXL

Guardian request (must be a generation younger, no spouses, partners or significant others): \_\_\_\_\_

Which airport would you be willing to fly from: Fort Lauderdale Only: ☐ Miami Only: ☐ Both: ☐

## PRIMARY EMERGENCY CONTACT INFORMATION (someone available the day you travel):

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

Phone: Cell/Day: \_\_\_\_\_ Email Address: \_\_\_\_\_

## NON-SPOUSE ALTERNATE EMERGENCY CONTACT (son, daughter, etc):

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

Phone: Cell/Day: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SERVICE HISTORY - DD214 or Military Discharge Required** Branch (circle): Army Air Force Navy Marines Coast Guard Merchant Marine

War Conflict (circle): WWII Korea Vietnam Gulf Afghanistan Iraq Non-Conflict

Dates Served in the Military: \_\_\_\_\_ Theater: \_\_\_\_\_

Activities During Military Service: \_\_\_\_\_

**PLEASE CONTINUE AND COMPLETE THE NEXT PAGE**

**PLEASE CIRCLE ANY MOBILITY EQUIPMENT USED:**

Cane Walker Wheelchair Scooter  
If wheelchair/scooter is selected, are you able to transfer out of, walk, ascend and descend tour bus with assistance? (Circle one): Yes No

**PLEASE CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS:**

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 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, **STRONGLY** advised you 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 have a problem walking the length of a football field without assistance? **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? **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 a urostomy or colostomy 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.

Do you have a pacemaker? **YES NO** Are you a diabetic? **YES NO**

Do you have any special dietary needs/requirements? **YES NO** If YES, Please list/explain below.

\_\_\_\_\_  
\_\_\_\_\_  
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, your 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 South Florida, Inc. 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 neither Honor Flight South Florida, Inc. nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight South Florida, Inc., the Flight Provider, 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.

Have you ever flown on an Honor Flight at anytime in the past, with any Honor Flight organization? **YES NO**

**SIGNED:**

\_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail this form to:

**Honor Flight South Florida, Inc. • P.O. Box 16821 • Plantation, Florida 33318**