

FOR HONOR FLIGHT USE ONLY L N: _____ D R: _____ / _____ / _____

AG _____

VETERAN APPLICATION



The Mission of (HUB NAME) Honor Flight is to transport WWII, Korea, Vietnam Era and terminally ill Veterans from any service era to Washington, D.C. to see their memorial **free** of charge. A Veteran is considered a person who served our country during conflict or peace time. Top priority is given to WW II and terminally ill veterans. In order for **Honor Flight** to achieve this goal, Guardians will be on the Bus with the Veterans on every trip providing assistance and helping Veterans have a **safe, memorable, and rewarding experience. Guardians cannot be a spouse/significant other and must be between 18 –70 years of age. Guardians are required to pay their own expenses.**

NAME: _____ PREFERRED NAME: _____

Print First, MIDDLE and Last as it appears on your ID (For Badge)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL: _____ WEIGHT: _____ DATE OF BIRTH: _____

GENDER (circle one): M F SHIRT SIZE (circle one): S M L XL XXL XXXL

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

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

EMAIL: _____

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

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

EMAIL: _____

SERVICE HISTORY: Branch of Service (circle one): Army Air Force Navy Marines Coast Guard

RANK: _____

WAR/CONFLICT/SERVICE ERA (circle one): WWII Korea Vietnam Other: _____

DATES YOU SERVED IN THE MILITARY: _____ SERVICE # (if known) _____

ACTIVITIES DURING MILITARY SERVICE: _____

Have you ever been on an Honor Flight? Yes No

PLEASE COMPLETE PAGE 2

INTERESTING EXPERIENCES DURING YOUR SERVICE: _____

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Please circle any mobility equipment used: Cane Walker Wheelchair Scooter

Do you require a wheelchair, circle one: Yes or No

If in a wheel chair, are you able to transfer with assistance onto the airplane or bus? Yes or No

Do you use oxygen at any time? YES or NO If YES, you will need to provide a prescription once you have been confirmed on flight.

Do you have a history of open head injuries, sinus problems, or ear problems? YES or NO

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO

Are you requesting to travel with a specific Guardian? _____ Yes _____ No

If yes, what is that Guardian's name? _____

Guardian must be between 18-70 years of age, **cannot be a spouse/significant other, and must have a Guardian Application on file before you are notified of your flight date. We cannot guarantee requested Guardians after the Veteran has been notified for their flight date.**

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

ǒ As photographic and video equipment are frequently used to memorialize and document *Honor Flight* trips and events, my 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 liabilities 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.

ǒ I further state that medical insurance is my responsibility as the Veteran and I understand that neither Honor Flight 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, 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.

SIGNED: _____

DATE: ____/____/____

Please submit this form to:

Central PA Honor Flight
ATTN: Veteran Application
email: CPA.honorflight@proton.me

Information Line: 717-259-3313

Website: <https://www.centralpahonorflight.org>