

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

Veteran Application

Honor Flight Northeast Indiana

Honor Flight Northeast Indiana, Inc., a hub affiliated with the Honor Flight Network, (“Honor Flight”) recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C., to see YOUR memorial at **NO COST. Honor Flight** gives top priority to WWII and terminally ill veterans from all wars AND is NOW actively taking applications from Korean and Vietnam veterans and all additional veterans of subsequent conflicts and eras. In order for **Honor Flight** to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. 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**. For further information, email us at honorflightnei@gmail.com, visit our website at www.hfnei.org or give us a call us at (260) 633-0049. All information provided on this application is for **Honor Flight** purposes only.

YOUR FULL NAME: _____ Nick Name: _____
First FULL middle Last (if applicable)

Date of Birth: _____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

Best Contact Phone: _____ Cell: _____

Driver’s License or State Picture ID #: _____ Issuing State: _____

Email Address: _____

Tee Shirt Size: S M L XL 2XL 3XL, Other _____

Service (Circle one) WWII / Korea / Cold War / Vietnam / Lebanon-Grenada / Panama / Desert Shield-Desert Storm / Iraqi Freedom
Branch (Circle one) Army Air Corp. / Air Force / Army / USMC /Navy / Coast Guard

Dates of Service

How did you hear about Honor Flight? _____

Hometown (from which City and State did you enter the service?) _____

Duties During Service: _____

Alternate Contact (son, daughter, friend, etc.) Name: _____

Phone: _____ Email: _____ Relationship: _____

Emergency Contact Information: (someone available to contact the day you travel)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Evening: _____ Cell: _____

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.

Do you use mobility equipment? ___ If Yes, please circle or name device(s): CANE SCOOTER WALKER WHEELCHAIR

Other type of device: _____

Do you have a: Pacemaker: Y N Defibrillator: Y N Diabetic? Y N (ORAL or INSULIN)

Do you have drug allergies? _____

Do you have seizures? Yes No Please describe what type (e.g. grand mal, petit mal, other) _____

When was your last seizure? _____

If within the last 5 years, we **STRONGLY** advise you discuss the trip with your physician!

Your Name _____

Medications (please attach a list if you need more space)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____

Do you have problems with motion sickness (sea or air)? Yes No If Yes, is it controlled with medication? Yes No
If motion sickness is NOT controlled with medication, we **STRONGLY** advise you discuss the trip with your physician!

Do you have 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 physician concerning the use of a portable hand held nebulizer during the trip!

Do you use oxygen? Yes No If Yes, you will need your physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided in Washington, DC, but you will need to coordinate with your normal oxygen supplier to request a portable oxygen concentrator for use on the flight. The prescription should be turned in with this application.

Can you walk the length of a football field without assistance? Yes No If NO, 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 physician. If you have NEVER flown since the open head injury, sinus, or ear problem, again we **STRONGLY** advise you discuss the trip with your 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 you discuss the trip with your physician!

Additional comments or concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN

I, the undersigned, acknowledge, and agree that:

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 liability relating to said photographs. I hereby give permission for my image, captured during any Honor Flight activities through video, photo, or other media, to be used for purposes of Honor Flight promotional material and publications, and waive any rights to compensation or ownership thereto.

I am solely responsible for obtaining medical insurance and I understand that Honor Flight does NOT provide medical care. I have discussed the information reflected in this application and my medical limitations with my doctor, and I accept all risks associated with travel and all other Honor Flight activities. I further agree, without limitation, on behalf of myself and any of my heirs, successors or assigns, to indemnify, defend and hold Honor Flight (including, without limitation, any officers, directors, employees, members, participants, users, volunteers or agents) wholly harmless for any injuries or any losses incurred by me while participating in any Honor Flight program.

SIGNATURE: _____ Date: ____ / ____ / ____
(Applicant must sign this application prior to actual flight date)

Please submit this completed form to:

Honor Flight Northeast Indiana
ATTN: Veteran Application
P.O. Box 5
Huntertown, IN 46748

Please make sure both pages 1 and 2 of this application are completed.
Revised 03/31/19