

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 terminally ill veterans from all wars. We're accepting WWII, Korea 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 contactus@hfnei.org, 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. Have a computer? Visit www.hfnei.org/apply-now and fill out our online application.

YOUR FULL NAME: _____ Nick Name: _____

First FULL middle Last (if applicable)

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

Address: _____ Is This your Physical address: Y N

City: _____ State: _____ ZIP: _____

Drivers License or Govt. Issued ID#: _____ State of Issue: _____

Best Contact Phone: _____ Cell: _____

Email Address: _____ County of Residence: _____

Tee Shirt Size: S M L XL 2XL 3XL, 4XL, Other _____ Do you require a seatbelt extender on a plane? Y N

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 _____ Date of Honorable Discharge: _____

How did you hear about Honor Flight: _____

Awards received during service: _____

Have you ever been convicted of a felony? Y N (Background checks are performed on all persons prior to trip)

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

Best Phone: _____ Relationship: _____ Do they live with the Veteran: Y N

Emergency Contact Information: (someone available to contact the day you travel and NOT traveling with you)

Name: _____ Do they live with the Veteran: Y N

Best Phone: _____ Relationship: _____

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)

Food Allergies? _____ Dietary Restrictions? _____

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!

Are you being treated for or have you been diagnosed with memory issues? _____

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? 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? (Asthma, Bronchitis, COPD) _____

Do you use a home nebulizer/breathing 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. You'll need to be able to use a portable oxygen concentrator for the duration of your trip.

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