

Twin Tiers Honor Flight - Veteran Application



PLEASE COMPLETE ALL PAGES

Honor Flight recognizes you, an American Veteran, for your sacrifices and achievements by flying you to Washington, DC to see your memorials at **no cost to you**. We are accepting applications from all eras but top priority is given to WWII and terminally ill veterans. Guardians fly with veterans on every flight providing assistance to ensure a safe, memorable and rewarding experience.

YOUR NAME: _____
(Use your full name as it appears on your driver's license or government ID)

ADDRESS: _____ **GENDER:** ___ M ___ F

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: DAY: _____ ALTERNATE/CELL PHONE: _____

E-MAIL ADDRESS: (Please Print CLEARLY) _____

If you don't have an email address, please list a family member's email address.

NICK NAME: (for your trip name badge) _____ **DOB:** _____ **AGE:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

T-SHIRT SIZE: (adult male sizes) S M L XL XXL XXXL Other: _____

EMERGENCY CONTACT INFORMATION (Someone available at HOME the day you travel):

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____ **ALTERNATE PHONE:** _____

ALTERNATE CONTACT (son, daughter, etc):

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____ **ALTERNATE PHONE:** _____

SERVICE HISTORY:

Branch Of Service: _____ Rank: _____ Service Dates: _____

- WWII Korea Vietnam
 Cold War Gulf War War on Afghanistan

Activity during your service: _____

MEDICAL INFORMATION

INFORMATION YOU PROVIDE IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL USE ONLY, AND IS HANDLED IN COMPLETE CONFIDENTIALITY. INFORMATION PROVIDED WILL NOT DISQUALIFY YOU FROM TRAVEL, BUT ALLOWS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE DURING YOUR TRIP.

Can you walk the length of a football field **without** assistance? YES ___ NO ___

Can you walk up 7 bus steps **with** assistance? YES ___ NO ___

Do you use **mobility equipment**? YES ___ NO ___

If YES, please circle device: Cane Walker Wheelchair Scooter Other _____

Please describe when you use mobility equipment: _____

MEDICATIONS - Use back or attach another page if necessary

Name of Medication	How Often Taken	Name of Medication	How Often Taken

*It is **STRONGLY** advised that you discuss this trip with your private physician if you have had: a seizure in the last five years, motion sickness not controlled with medication, if you have not flown since an open head injury, sinus or ear problems, or recent surgery.*

Check if you have or had any of the following:

- COPD, emphysema, asthma
- Dementia, memory loss, Alzheimer's
- Diabetes
- Heart attack, pacemaker, defibrillator
- Heart disease, chest pain
- History of falls, dizziness, fainting
- Inhaler or nebulizer use
- Joint Replacement

- Kidney/renal disease
- Seizures
- Stroke
- Urinary elimination problems
- Urostomy, colostomy
- Other, please specify:

Do you use a **CPAP machine** at night? **YES** ____ **NO** ____

Do you use a **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 use **oxygen** at any time? **YES** ____ **NO** ____ **HOW OFTEN?** _____

If YES, you will be asked to provide a prescription for oxygen to be used during the flight. Oxygen will be provided on the bus and at the hotel, and will be discussed when you are called for a flight.

Do you have any dietary restrictions/considerations? _____

Are there other Veterans you want to travel with? **YES** ____ **NO** ____

Please list their names and phone numbers:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Would you like to travel with a specific guardian?

Name: _____ Relationship: _____

Guardian's phone number: _____

Guardians must complete a guardian application. Guardians must be 18 years old and younger than age 70.

Spouses of veterans may not serve as Guardians.

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, images of veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Honor Flight**.

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** promotions and publications, and waive any rights of compensation or ownership thereto.

2. I further acknowledge that medical insurance is the responsibility of the veteran and I understand that **Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries I may incur while participating in the **Honor Flight** program.

SIGNED: _____

DATE: ____ / ____ / ____

Please submit completed and signed application to:

**Twin Tiers Honor Flight
ATTN: Veteran Application
PO Box 1770
Binghamton, NY 13902**

You may also scan and email your application to: twintiershonorflight@gmail.com