



Twin Tiers Honor Flight - Veteran Application

PLEASE COMPLETE ALL REQUIRED FIELDS MARKED WITH ASTERISK (*)

VETERAN INFORMATION

First Name* _____ Middle Name _____ Last Name* _____

Nickname (leave blank if none) _____ DOB* ____/____/____ Gender* Male Female

CONTACT INFORMATION

Street Address* _____

City* _____ State * _____ Zip code * _____

County _____

Daytime Phone* ____-____-____ Evening Phone ____-____-____ Mobile Phone ____-____-____

Email address: _____

SERVICE HISTORY

Branch of Service (check all that apply) *

- Army
- Navy
- Air Force
- Marines
- Coast Guard
- Other

Conflicts during your service (check all that apply) *

- WWII (Dec. 7, 1941 - Dec. 31, 1946)
- Korea (Jun. 29, 1950 - Jan. 31, 1955)
- Vietnam (Feb. 28, 1961 - May 8, 1975)
- Lebanon/Grenada (Aug. 24, 1982 - Dec. 15, 1983)
- Panama (Dec. 20, 1989 - Feb. 13, 1990)
- Gulf War / War on Terrorism (Aug. 2, 1990 - Present)
- Other Dates

Service Dates/Comments

Rank: _____

Hometown: _____

Activity during your service period including Duty Assignments *

Form and type of discharge received from the military (if applicable)

EMERGENCY CONTACT

The Emergency Contact should be someone available on the day of the trip.

First Name* _____ Last Name* _____ Relationship* _____

Street Address* _____

City* _____ State* _____ Zip code* _____

Daytime Phone* _____ - _____ - _____ Evening Phone _____ - _____ - _____ Mobile Phone _____ - _____ - _____

Email address _____

ALTERNATE CONTACT

First Name* _____ Last Name* _____ Relationship* _____

Street Address* _____

City* _____ State* _____ Zip code* _____

Daytime Phone* _____ - _____ - _____ Evening Phone _____ - _____ - _____ Mobile Phone _____ - _____ - _____

Email address _____

MEDICAL INFORMATION

What is your Weight?* _____ What is your Height?* _____

Do you use mobility equipment?* Cane Scooter Walker Wheelchair Wheelchair (Wide)

Can you walk up & down a set of eight bus steps without assistance?* Yes No

Medications

Surgeries

Check if you have or had any of the following:

- Drug Allergies
- Food Allergies
- History of seizures
- Motion sickness (sea or air)
- Breathing problems
- Home nebulizer use
- Require use of oxygen at any time
- Urostomy, colostomy or urinary catheter
- Difficulty walking the length of football field without assistance
- History of open head injuries, sinus problems, or ear problems
- Claustrophobic
- Difficulty walking the length of football field without assistance
- Visual impairment
- Deaf, hearing loss or hard of hearing
- Memory problems
- Cognition / Sundowning Issues
- Use of Insulin
- Heart pacemaker

List any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event.

Do you require a special meal? Yes No If so, List: _____

Do you have a Living Will or Advance Directive? Yes No

Do you have Medical Insurance? Yes No

Primary Insurer Company _____

Primary Insurer Policy Number _____

Do you have a Medical Supplementary Insurance Policy? Yes No

Supplemental Insurer Company _____

Supplemental Insurer Policy Number _____

Have you been the recipient of a previous Honor Flight trip or visited the WWII, Korean, Marine Corps or Vietnam War Memorials? Yes No

T-Shirt Size* S M L XL XXL XXXL Other: _____

Jacket Size* S M L XL XXL XXXL Other: _____

If you wish to have someone that meets the criteria of a "QUALIFIED GUARDIAN" accompany you, please list their full first, middle, and last name, relationship and contact information: **NOTE: The Guardian MUST submit an application as well.**

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 and guardians may appear in the 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 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: Guardian Application
PO Box 1770
Binghamton, NY 13902**

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

Questions: 1-800-683-5403