

FOR HONOR FLIGHT USE ONLY:

LAST NAME: _____ DATE RECEIVED: ____/____/____

Honor Flight Bay Area Veteran Application



Honor Flight Bay Area Foundation (herein 'Honor Flight') recognizes America's veterans for their sacrifices and achievements by flying them to Washington DC on an all-expenses paid trip to see their memorials. Due to the large number of veterans applying for this opportunity, we can only take those who have not already seen their memorials. Top priority is given to WWII and terminally ill veterans from all wars. Guardians will be assigned to accompany veterans as needed to provide assistance, and help veterans have a safe, memorable, and rewarding experience.

Please consider this trip a small token of appreciation from all of us at Honor Flight for the service and sacrifices you have given to your country.

For further information please contact us at 408.499.1739 or visit www.honorflightbayarea.org.

PRINT YOUR FULL LEGAL NAME: _____ **NICK NAME:** _____
(Print your name as it appears on your driver's license or government ID.)

ADDRESS: _____ **GENDER:** M F

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

PHONE: Day: _____ Evening: _____ Mobile: _____

MAIL ADDRESS: _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____
_____. **TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** _____

ALTERNATE CONTACT (son, daughter, etc.): **NAME:** _____ **PHONE:** _____
EMAIL: _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT INFORMATION (someone available during your travel):

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY:

BRANCH OF SERVICE: _____ **RANK:** _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING YOUR SERVICE:

Medical Information

The purpose of this form is to provide Honor Flight with information to appropriately assess your needs during the trip. All answers will remain confidential. Please explain your answers. You may write on the back if you need more room. Do you have a history of:

Allergies such as food, drugs, bee stings, hay, horses, etc.? yes no

Dietary restrictions? What type of diet are you on? yes no

Heart problems? Arrhythmias? Past heart attack or stroke? Pacemaker? yes no

Lung problems? Do you use oxygen continuously? during the day? or at night? yes no

Do you use a CPAP or BiPAP? yes no

Kidney disease requiring dialysis? How often? yes no

Diabetes? Do you take Insulin, pills, or manage with diet alone? yes no

Glaucoma, or visual problems, are you legally blind? yes no

Hearing problems, do you wear hearing aids? yes no

Trouble holding your urine or stool? Do you wear an ostomy bag? yes no

Seizures? yes no

Memory problems? yes no

Do you use a cane, walker, scooter, or wheel chair to get around? Some or all of the time? yes no

Do you have balance problems or history of falls? yes no

Would you like a wheelchair provided for you for this trip? yes no

Are there other medical conditions you have been diagnosed with that we should know about that might be a problem or concern while on this trip? yes no

What medications, if any, do you take? Please specify if none are taken.

Name	dosage	when taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, his/her 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 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.
2. I further state that medical insurance is the responsibility of 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 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: ____/____/____ (Applicants will be required to sign an additional covenant prior to actual flight date)

If you have someone, other than your spouse*, who would like to accompany you, please have him or her fill out a guardian application indicating the desire to travel with you.

* Note: Spouses are not permitted to act as the Guardian for the Veteran traveling with Honor Flight.

Please submit this form to:

Honor Flight Bay Area Foundation
c/o General Electric m/c HFBAF
1990 Little Orchard St
San Jose, CA 95125

Honor Flight is a part of the Honor Flight Network.