

FOR HONOR FLIGHT USE ONLY:

Name _____ Date rec'd/postmarked _____
Guardian _____



VETERAN APPLICATION

For Douglas, Jackson, Josephine, Klamath,
Coos & Curry Counties only



Honor Flight of Oregon recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at no cost. Top priority will always be given to WWII and terminally ill veterans from all wars. Applications are being accepted from all veterans who served between Dec 7, 1941 and May 7, 1975. For Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping the Honoree to have a safe, memorable and rewarding experience. For further information, please contact us at 541 450-9807 or visit us at www.honorflighttooregon.org.

Starting in May 2025, all participants must have an approved TSA Real ID

For list of approved ID's please visit: <https://www.tsa.gov/travel/security-screening/identification>

NAME AS IT APPEARS ON PHOTO ID: First: _____ Mid: _____ Last _____ Suffix _____

Name for name Tag: _____ DOB: _____ E-mail: _____

Address: _____ City: _____ Zip: _____ County: _____

Day Phone: _____ Evening/CELL: _____ GENDER: **M / F**

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ Alaska Airline MP # _____ TSA # _____

Service History: Branch of service: _____ Please circle: WWII Korea Vietnam Other _____
Service years: From _____ To: _____
Activity during time in the service _____

Is there a guardian, next generation family or friend who would like to accompany you? **Yes No**

Guardians name: _____ Relationship: _____

Phone _____

(Guardians make a tax-deductible donation that cover all their expenses and must submit a guardian application. Acceptance as a Guardian is at the discretion of Honor Flight of Oregon.

Medical: Information provided will NOT disqualify you. It permits us to assess the support needed during the trip. Information is for Honor Flight and medical personnel only. Additional medical information will be required when your flight is scheduled.

Do You: Use mobility equipment: **Yes No** Please circle: Cane Walker Wheelchair Scooter

Would you like access to a wheelchair for longer walks or standing for long periods? **Yes No**

Height: _____ Weight _____ Can you walk up 5-6 stairs on the bus with assistance? **Yes No**

Need an ADA room? Reason _____

Use oxygen? **Yes No** If yes, you will need your primary care provider to write a prescription for oxygen to be used during the flight and tour. More information will be given when your trip is scheduled.

Medical information continued:

Have vision or hearing problems? **Yes** **No** If yes, please explain _____

Use a home nebulizer or CPAC? **Yes** **No** Will your Dr. recommend a portable hand-held nebulizer during the trip?
Yes **No**

Do you have drug allergies? **Yes** **No** Do you have food allergies? **Yes** **No**

Please list: _____

Have a history of seizures? **Yes** **No** Any seizures within the past 5 years? **Yes** **No**

Can it be controlled with medications? **Yes** **No**

Use a urostomy/colostomy bag? **Yes** **No** If yes, please make sure the bag is vented prior to flight. If you do not know if the bag is vented, discuss with your medical provider.

Describe your daily activities outside the home _____

If you answered YES to any of the above questions, it is STRONGLY advised that you discuss these issues with your medical provider prior to final acceptance of a trip. Answering Yes to any question does not disqualify you, we simply need to know how to best assist you during the trip.

ALTERNATIVE CONTACT FOR TWO PEOPLE WHO WILL NOT BE ON THE TRIP WITH YOU:

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

PLEASE REVIEW, INITIAL AND SIGN: 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 of Oregon program. I hereby release the photographer and Honor Flight of Oregon from all claims and liability relating to said photographs. I hereby give permission for my image captured during Honor Flight activities be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. **Initials** _____

I understand that **Honor Flight does NOT provide medical care**, and I understand that medical insurance is my responsibility, as well as other expenses due to a medical emergency. I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program. **Initials** _____

SIGNED: _____ DATE: _____

Please submit this form to:

HONOR FLIGHT OF OREGON
PO Box 2427
Grants Pass, OR 97528

OR e-mail:
honorflightoforegon@gmail.com
Questions call: 541 450-9807