

NAME: _____ DATE REC: _____

Guardian: _____



VETERAN APPLICATION

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 (for which we are currently accepting applications) is given to World War II and terminally ill veterans from **all** wars. For Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping 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 of Oregon. For further information, please contact us at 541 955-4544 or visit us at www.honorflightoforegon.org.

NAME AS IT APPEARS ON PHOTO ID: _____ NICK NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAY PHONE: _____ EVENING: _____ DOB: _____

E-MAIL: _____ WEIGHT: _____ T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

Is there a possible guardian, family or friend who would like to accompany you? Yes ___ No ___

Guardians name: _____ relationship: _____

(Guardians pay their own expenses and must submit a guardian application.)

How did you hear about Honor Flight? _____

SERVICE HISTORY: Branch of service: _____ Theatre: Stateside: ___ Pacific ___ Atlantic ___

Years of service: from _____ to _____ Home town & state from which you enlisted: _____

Activity during WWII: _____

ALTERNATE CONTACT: (son, daughter, friend) Name: _____ Relationship: _____

Phone: _____ E-mail: _____

EMERGENCY CONTACT: (Someone at home while you travel): Name: _____

Relationship: _____ Address: _____ City: _____

Day Phone: _____ Evening: _____ Cell: _____

MEDICAL: Information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Info is for Honor Flight and medical personnel only.

Do you use mobility equipment? Yes ___ No ___ Please circle device: CANE WALKER WHEELCHAIR SCOOTER

Do you have a problem walking the length of a football field without assistance? If yes please describe the reason (e.g. lung problems, arthritis, heart, etc) _____

PLEASE COMPLETE BACK PAGE

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

Do you have any drug allergies? Please list _____

Do you have any food allergies? Please list _____

Do you have breathing problems? Please describe _____

Do you use oxygen at any time? Yes ___ No ___ If YES, you will need your private physician to write a Rx for oxygen to be used during the flight and tour. Oxygen will be provided. More information will be given when your flight is scheduled.

Do you have a history of open head injuries, sinus problems, or ear problems? Yes ___ No ___ If Yes, have you flown since the problem occurred? Yes ___ No ___ If you have flown did you experience any problems? Yes ___ No ___

If the following questions are answered YES, it is STRONGLY advised that you discuss these issues with your private physician prior to final acceptance of a trip:

Do you use a home nebulizer machine? Yes ___ No ___ Will your Dr. recommend a portable hand-held nebulizer during the trip?

Do you have a history of seizures: Yes ___ No ___ Have you had seizures within the past 5 years? Yes ___ No ___

Do you have motion sickness (sea or air?) Yes ___ No ___ Can it be controlled with medications? Yes ___ No ___

Do you have a urostomy or colostomy bag? Yes ___ No ___ If Yes, please make sure the bag is vented prior to the flight. If you do not know if the bag is vented, please discuss this issue with your private physician.

Addition Comments or Concerns: _____

PLEASE REVIEW 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 wave any rights or compensation or ownership thereto.

I understand that **Honor Flight does NOT provide medical care**, and I understand that medical insurance is my responsibility. 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.

SIGNED: _____ DATE: _____

Please Mail this completed form to:

HONOR FLIGHT OF OREGON or FAX: 541 226-9056

1987 Demaray Dr.

Grants Pass, OR 97527

Questions: 541 955-4544