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 Senior and terminally ill veterans fromall wars. Applications are being accepted from all veterans who severed 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.honorflightoforegon.org](http://www.honorflightoforegon.org).

**Starting in October 2021, all participants must have an approved TSA True 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 Tag:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D OB::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening/CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: M / F Weight \_\_\_\_\_\_\_\_\_

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

**Service History:**  Conflict WWII\_\_\_\_\_ Korean\_\_\_\_\_ Vietnam\_\_\_\_\_ Other \_\_\_\_\_

Branch of Service \_\_\_\_\_\_\_\_\_\_ Service years: From \_\_\_\_\_\_\_To:\_\_\_\_\_\_ Rank upon Discharge\_\_\_\_\_\_\_\_\_\_

Activity during time in the service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen your memorial? Yes No

Is there a guardian, next generation down 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 we need during the trip. Info is for Honor Flight and medical personnel only. Additional information may 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

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 private physician to write an Rx for oxygen to be used during the flight and tour. Oxygen can be provided at the hotel. More information will be given when your trip is scheduled.

.

**Medical information continued**:

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 open head injuries, sinus or ear problems? Yes No

If Yes have you flown and experienced any problems? Yes No

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

Have Motion sickness? 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 Doctor.

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 private physician 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.

**ALTERNATE/EMERGENCY CONTACT:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments/questions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 wave 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. 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 OR e-mail:**

**PO Box 2427** [**honorflightoforegon@gmail.com**](mailto:honorflightoforegon@gmail.com)

Grants Pass, OR 97528 Questions call/text: 541 450-9807