

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, and those veterans who that have not had the opportunity to visit their memorial.** 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.honorflightoforegon.org.

Starting in May 2023, 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 For Veterans who have not seen their memorials: Conflict WWII _____ Korean _____
Vietnam _____ Other _____ Branch of Service _____
Service years: From _____ To: _____ Rank upon Discharge _____
Activity during time in the _____

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
PO Box 2427
Grants Pass, OR 97528

e-mail:
honorflightforegon@gmail.com
Questions call/text: 541 450-9807