

FOR HONOR FLIGHT USE ONLY L N: \_\_\_\_\_ D R: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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# VETERAN APPLICATION

The Mission of Talons Out Honor Flight is to transport WWII/Korea and terminally ill Veterans from any service era to Washington, D.C. to see their memorial **free** of charge. A Veteran is considered a person who served our country during conflict or peace time. Top priority is given to WW II and terminally ill veterans. In order for **Honor Flight** to achieve this goal, Guardians fly with the Veterans on every flight providing assistance and helping Veterans have a **safe**, memorable, and rewarding experience.

**Guardians cannot be a spouse/significant other and must be between 18 –70 years of age. Guardians are required to pay their own expenses. Veteran must bring a government issued I.D. on flight day.**

NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
Print First, MIDDLE and Last as it appears on your ID (For Badge)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GENDER (circle one): M F SHIRT SIZE (circle one): S M L XL XXL XXXL

### PRIMARY EMERGENCY CONTACT INFORMATION *(someone available the day you travel):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### NON-SPOUSE ALTERNATE EMERGENCY CONTACT *(son, daughter, etc.):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SERVICE HISTORY: Branch of Service (circle one): Army Air Force Navy Marines Coast Guard

RANK: \_\_\_\_\_

WAR/CONFLICT/SERVICE ERA (circle one): WWII Korea Vietnam Other: \_\_\_\_\_

DATES YOU SERVED IN THE MILITARY: \_\_\_\_\_ SERVICE # (if known) \_\_\_\_\_

ACTIVITIES DURING MILITARY SERVICE: \_\_\_\_\_

PLEASE COMPLETE PAGE 2

**INTERESTING EXPERIENCES DURING YOUR SERVICE:** \_\_\_\_\_

**MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

**Please circle any mobility equipment used:** Cane Walker Wheelchair Scooter

**Do you require a wheelchair, circle one:** Yes or No

**If in a wheel chair, are you able to transfer with assistance onto the airplane or bus?** Yes or No

Do you use **oxygen** at any time? YES or NO

If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be included with your medical form submission once you have been confirmed on flight.

Do you have a history of **seizures**? YES or NO. Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_. When was your last seizure? \_\_\_\_\_. If within past 5 years, we **STRONGLY** advise you discuss the trip with your private physician.

Do you have problems with **motion sickness** (sea or air)? YES or NO If yes, is it controlled with medications? YES or NO If motion sickness is not controlled with medications, we **STRONGLY** advise you discuss the trip with your private physician.

Do you have any **breathing problems**? YES or NO If YES, please describe: \_\_\_\_\_

Do you have a **problem walking** the length of a football field without assistance? YES or NO

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES or NO If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES or NO. If YES, we **STRONGLY** advise you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

Do you have a **urostomy or colostomy bag**? YES or NO If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, we **STRONGLY** advise that you discuss this issue with your private physician.

Additional Comments or Concerns:

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**PLEASE COMPLETE AND SIGN PAGE 3**

Are you requesting to travel with a specific Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is that Guardian's name? \_\_\_\_\_

Guardian must be between 18-70 years of age, **cannot be a spouse/significant other, and must have a Guardian Application on file before you are notified of your flight date. We cannot guarantee requested Guardians after the Veteran has been notified for their flight date.**

**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, 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* program. I hereby release the photographer and *Honor Flight* from all claims and liabilities 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 my responsibility as 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 Network 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit this form to:**

**Talons Out Honor Flight, Inc.  
ATTN: Veteran Application  
PO Box 280  
Portage, MI 49081**

**Or email: [applications@talonsouthonorflight.org](mailto:applications@talonsouthonorflight.org)**

*Information Line: 269-273-4545*

*Website: [www.talonsouthonorflight.org](http://www.talonsouthonorflight.org)*