

For Honor Flight Tallahassee Use Only: Last Name _____ Date Received _____
Form # 1 Tracking Number _____



VETERAN APPLICATION

Honor Flight Tallahassee, Inc. Recognizes American veterans for your sacrifice and achievements by flying you to Washington D.C. to see YOUR memorial at no cost. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from all wars. In the future, Honor Flight Tallahassee, Inc. will consider others to include Korean and Vietnam veterans. It is our goal to provide you with a safe, memorable, and rewarding experience. To help us do that, we will provide Guardians to assist you with any and all of your needs throughout the day and to provide you with a Flight with Honor. For what you and your comrades have given us, please consider this a small token of appreciation from all of us at Honor Flight Tallahassee.

The information contained on this application is for the use of Honor Flight Tallahassee, Inc. only and will not be shared with anyone. Honor Flight Tallahassee serves North Florida and South Georgia for any WW II veteran that plans on flying out of the Tallahassee Regional Airport (TLH). If you have questions, please call us at 1-888-881-1566. Applications are to be mailed to Honor Flight Tallahassee, P.O. Box 12033, Tallahassee, FL 32317.

First Name: _____ Middle Name: _____ Last Name: _____

(As it appears on your current government issued photo ID for airline travel)

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Phone: Day: _____ Evening: _____ Cell: _____ Age: _____

Date of Birth: _____ Weight: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

How did you hear about the Honor Flight organization? _____

A Guardian will be accompanying you on your trip. The Guardian can be a family member (not your spouse). Otherwise a Guardian will be assigned to you. If you have the name of a preferred Guardian, please fill that name in here. (A separate Guardian application must be sent in.)

Guardian name _____

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Alternate Contact (son, daughter, etc.):

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please list one (1) emergency contact (someone available the day you travel):

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Service History: Branch of Service: _____ **Rank:** _____

World War II _____ Korean War _____ Vietnam War _____ Discharge Date _____

Activity during your military service: _____

Hometown (from which city and state did you enter the service?) _____

Medical Information

Can you go up and down 3 or more steps on a bus (this is a bus tour in DC with multiple stops) and walk down the aisle on the bus and plane? Yes No

Do you currently use a wheelchair on a daily basis? Yes No Is it possible that you would need a wheelchair on the trip after walking a distance? Yes No

Do you have a feeding tube of any type? Yes No

Medications (name and how often you take it):

| Medication | Taken how often? | Medication | Taken how often? |
|------------|------------------|------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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Do you have any drug allergies? Yes No If yes, please list: _____

Do you have a history of seizures? Yes No Please describe what type (i.e. Grand mal, petit mal, other): _____ **When was your last seizure?** _____ If within past 5

years, it is strongly advised that you discuss this trip with your private physician!

Do you have problems with motion sickness (sea or air)? Yes No If yes, is it controlled with medication? Yes No If motion sickness is not controlled with medications, it is strongly advised that you discuss this trip with your private physician!

Do you have any breathing problems? Yes No If yes, please describe _____

Do you use a nebulizer? Yes No If yes, we strongly encourage you to discuss this trip with your private physician!

Do you use oxygen at any time? Yes 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 turned in with this application.

Can you walk the length of a football field without assistance? Yes No If no, please describe the reason e.g. lung problems, arthritis, heart problems, knee or hip problems, etc.):

Do you have a history of open head injury, sinus problems, or ear problems? Yes No If yes, have you flown since the open head injury, sinus, or ear problem occurred? Yes No If yes, did you have any problems? Yes No If yes, it is strongly advised that you discuss this trip with your private physician. If you have never flown since the open heard injury, sinus, or ear problem, again we strongly advise you to discuss this trip with your private physician!

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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 your bag is vented, it is strongly advised that you discuss this issue with your private physician!

Do you have diabetes? Yes No If yes, do you take insulin injections? Yes No If yes, we strongly encourage you to discuss this trip with your private physician concerning the use of insulin during the trip.

Do you have any special dietary needs? Yes No If yes, what? _____

Are you allergic to any foods? Yes No If yes, what? _____

Please review carefully, sign and date:

– That as a condition to being a Veteran on an Honor Flight mission, I will be doing so at my own risk. Honor Flight Tallahassee, Inc., as well as their agents, staff, volunteers, officers, sponsors etc., shall not be held liable for, and are hereby released from any claims, liabilities, losses, damages, costs or expenses related to or arising out of any injury to my person or property. I personally hereby forever release, acquit, discharge, indemnify and hold harmless the aforementioned entities, its agents, officers and employees etc., from any and all causes of action including personal liability, illness, death, property damage, costs, charges, claims demands and liabilities of any kind. It shall be further understood that any and all medical and/or cancellation insurance is the responsibility of the applicant, veteran.

- I shall also give permission for the free use of my name and photo likeness in broadcast, telecast, written, pictorial accounts and promotions of Honor Flight Tallahassee.
- I further understand that medical and trip insurance is the responsibility of the veteran. I also understand and agree that Honor Flight does not provide medical care.
- I have read and understand the terms of this application and have signed voluntarily.

SIGNATURE:

DATE: ____ / ____ / ____

***(E-mail applicants will be required to sign prior to actual trip date)**

Note: Selection for a trip is not automatic. Veterans are screened to be sure they are able to make the trip safely without issues that would affect others on the trip. Also veterans are selected on a first come first serve basis. If you are not selected for a flight, it is possible you could be selected for a subsequent flight. Guardian requests are accepted but not guaranteed. Please email questions to info@honorflighttallahassee.org .

**Please submit this form to: Honor Flight Tallahassee
P.O. Box 12033
Tallahassee, FL 32317**

Please visit our website at www.honorflighttallahassee.org for further information about our Honor Flight program.