



Serving Georgia's Veterans

For Honor Flight Use Only:

Last Name: _____

Date Received: ___ / ___ / _____

Veteran Application

Honor Flight, Inc. recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see **YOUR** memorial at **no cost**. **Top** priority (for which we are currently accepting applications) is given to WWII and terminally ill veterans from **all** wars. In the future, **Honor Flight** will be expanded to include Korean and Vietnam 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. 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**. For further information, please contact us at 770-483-4049. You can also email us at: www.HonorFlightConyers@comcast.net

YOUR NAME: _____
(As it appears on your ID for airline travel)

NICKNAME: _____
(If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Day): (____) _____ - _____ (Evening): (____) _____ - _____

(Mobile): (____) _____ - _____ E-MAIL ADDRESS: _____

AGE: _____ BIRTHDATE: ___ / ___ / _____ WEIGHT: _____ lbs. TEE-SHIRT SIZE _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

SERVICE HISTORY:

Branch of Service: _____ Rank: _____ Year Discharged: _____

Home Town: (From which city and state did you enter the service?): _____

Theater of Operations: _____ Activity during Service: _____

Would you be willing to furnish a picture of yourself during the service? (It will be returned) Yes ___ No ___

ALTERNATE CONTACT: (Son, Daughter, etc.) NAME: _____

PHONE #: (____) _____ - _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION: (Someone available the day you travel with Honor Flight)

NAME: _____ RELATIONSHIP: _____

ADDRESS: (Including City/State) _____

PHONE: (Day) (____) _____ - _____ (Evening) (____) _____ - _____

(Mobile) (____) _____ - _____ (Other) (____) _____ - _____

MEDICAL:

(Information provided will not disqualify you. It permits us to assess the support we need during the trip. The information you provide is for Honor Flight and Medical Personnel Only)

Do you use any **Mobility equipment**? Yes___ No___ If Yes, please check which type of device you use:
Cane___ Walker___ Wheelchair___ Scooter___ (Other) (describe)_____

Do you have any **Drug Allergies**? Yes___ No___ If Yes, please list: _____

Do you have any **Food Allergies**? Yes___ No___ If Yes, please list: _____

Do you have any **Special Dietary Needs**? Yes___ No___ If Yes, please describe: _____

Do you have a history of **Seizures**? Yes___ No___ If Yes, please describe what type (i.e. grand mal, petit mal, epileptic, other): _____ When was your last seizure? _____ If within the 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 medications? Yes___ No___ If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss this trip with your private physician!

Do you have any **Breathing Problems**? Yes___ No___ If Yes, please describe: _____

Do you use a home **Nebulizer Machine**? Yes___ No___ If Yes, you are **STRONGLY** encouraged to discuss this trip with your private physician concerning the use of a portable hand-held nebulizer during the trip.

Do you use **Oxygen** at any time? Yes___ No___ If Yes, how often, under what circumstances and at how many liters per minute? _____

Do you have a **Problem Walking** the length of a football field without assistance? Yes___ No___ If Yes, please describe the reason (e.g. Lung Problems, Arthritis, Heart Problems, Knee or Hip Problems, etc.): _____

Do you have a history of **Open Head Injuries, Sinus Problems or Ear Problems**? Yes___ 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___ No___ If Yes, it is **STRONGLY** advised 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 to discuss this trip with your private physician!

Do you have a **Urostomy or Colostomy Bag**? Yes___ No___ If Yes, please make sure the bag is **vented** prior to 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? Yes___ No___ If Yes, you are **STRONGLY** encouraged to discuss this trip with your private physician concerning the use of Insulin during the trip!

Are there any additional **Comments, Concerns or Medical History** that we should be aware of? Yes___ No___ If Yes, please describe: _____

MEDICATIONS:

Medication Name	Dose	How Often	Taken at What Times	Route (oral, injection etc.)

**** (If more space is needed, please write on an additional sheet of paper and attach with application)****

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, his/her 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 liability 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 the responsibility of the veteran and I understand that *Honor Flight* does **NOT** provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight* or any of *Honor Flights* Volunteers responsible for any injuries incurred by me while participating in the *Honor Flight* program.

SIGNED: _____ DATE: ___ / ___ / _____
(E-mail applicants will be required to sign prior to actual flight date)

WITNESSED BY: _____ DATE: ___ / ___ / _____

Please submit this form:

Via Mail:
Honor Flight Conyers, Inc.
Attn: Veterans Application
P.O. Box 81122
Conyers, GA 30013

Via Email:
HonorFlightConyers@comcast.net

Via Fax:
770-929-8284