



## 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](mailto: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: \_\_\_\_\_

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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](mailto:HonorFlightConyers@comcast.net)

**Via Fax:**  
770-929-8284