

For Honor Flight San Diego Use Only: DATE OF APPLICATION: _____



VETERAN APPLICATION

Honor Flight San Diego (HFSD) recognizes American veterans for your sacrifices and service by flying you to Washington, D.C. to see your memorials at **no cost**. Top priority is given to our most senior veterans from WWII and Korea, and terminally ill veterans from **all** wars. For further information, please contact us at (800) 655-6997, email: info@honorflightsandiego.org or visit our website at www.HonorFlightSanDiego.org

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE OR GOVERNMENT ISSUED PICTURE ID:

FIRST: _____ MIDDLE: _____ LAST: _____

SUFFIX: _____ (Jr., Sr., II, III, etc.) NICK NAME (if any)/Preferred Name for Nametag: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE Day: _____ - _____ - _____ Evening: _____ - _____ - _____ Mobile: _____ - _____ - _____

E-MAIL: _____ DATE OF BIRTH (mm/dd/yyyy): ____/____/____

GENDER: M F WEIGHT: _____ T-SHIRT SIZE: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

ALTERNATE CONTACT (son, daughter, etc.):

NAME: _____ RELATIONSHIP: _____

E-MAIL: _____

PHONE/Day: _____ - _____ - _____ Evening: _____ - _____ - _____ Mobile: _____ - _____ - _____

EMERGENCY CONTACT INFORMATION (someone available the days you travel):

NAME: _____ RELATIONSHIP: _____

E-MAIL: _____ ADDRESS: _____

PHONE/Day: _____ - _____ - _____ Evening: _____ - _____ - _____ Mobile: _____ - _____ - _____

HOW DID YOU HEAR ABOUT **HONOR FLIGHT**? _____

SERVICE HISTORY (indicate conflict(s) as defined):

WWII: Service from 1941-1946 _____ **KOREA:** Service from June 27, 1950 to January 31, 1955 _____

VIETNAM: Service from February 28, 1961 to May 7, 1975 _____ (Please attach a copy of DD 214 with SSN blackened out)

DATE(S) OF SERVICE (list all service dates) From / To: _____

BRANCH(es) OF SERVICE: _____ RANK(s): _____

HOME TOWN (from which city/state did you enter the service?): _____

ACTIVITIES DURING SERVICE and COUNTRIES DEPLOYED TO (if any) (Indicate conflict): _____

Medals, Awards or Honors: Purple Heart Silver Star Bronze Star Navy Cross

Distinguished Flying Cross Legion of Merit Medal of Honor Other: _____

POW? No Yes When / where? _____

PLEASE COMPLETE SECOND PAGE

Do you use **mobility equipment**? YES _____ NO _____ **If YES, indicate device(s):** CANE _____ WALKER _____
 WHEELCHAIR _____ SCOOTER _____

Are you able to provide **independent self-care**, including eating, bathing and dressing? YES _____ NO _____

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

Do you have any **breathing problems**? YES _____ NO _____ If YES, please describe: _____

Do you use a home **nebulizer or CPAP** machine? YES _____ NO _____ If YES, you are STRONGLY advised to discuss the
 trip with your private physician concerning the use of hand-held nebulizers and portable devices during the trip.

Do you use oxygen at any time? YES _____ NO _____ **Describe Frequency: (e.g., always, night only)**
 _____ If YES, we will ask for a copy of the prescription from your physician
 when we schedule your trip. We provide the oxygen.

Do you have a **problem walking** the length of a football field without assistance? YES _____ NO _____
 If YES, please describe the reason(s) (e.g., lung problems, arthritis, heart 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 problem occurred? YES _____ NO _____ If YES, did you have any problems?
 YES _____ NO _____ If YES, it is STRONGLY advised you discuss the trip with your physician. If you have NEVER flown since
 the open head injury, sinus or ear problem began, we STRONGLY advise you to discuss the trip with your 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 physician.

Additional Comments, Concerns, Information: _____

PLEASE REVIEW CAREFULLY

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight San Diego (HFSD) and the Honor Flight Network (HFN)** 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 **HFSD and the HFN** program. I hereby release all media creators and **HFSD and the HFN** from all claims and liability relating to said media. I hereby give permission for my images captured during **HFSD and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSD and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran, guardian, or volunteer and I understand that **HFSD and the HFN** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **HFSD and the HFN** activities and will not hold **HFSD and the HFN** responsible for any injuries incurred by me while participating in the **HFSD and the HFN** program.

SIGNED: _____ **DATE:** _____ / _____ / _____

1.	Print the form and mail to:	Honor Flight San Diego 9423 Keck Court San Diego, CA 92129
or		
2.	Save the form (Save As), attach it to an email and send to: (This is the preferred method.)	info@honorflightsandiego.org
or		
3.	Scan the form and email to:	info@honorflightsandiego.org
or		
4.	Print the form and fax to:	800-652-1375