



# Veteran Application

This form is designed to allow you to type your responses directly onto the application. When complete, save the form under your desired file name and attach it to an e-mail sent to the address on page 2. Or you may print this application, handwrite your responses and send it to HFSD per the instructions on page 2.

**Honor Flight San Diego (HFSD)** 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 Jeff at (800) 655-6997, email: [info@honorflightsandiego.org](mailto:info@honorflightsandiego.org) or visit us at [www.honorflightsandiego.org](http://www.honorflightsandiego.org)

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

NICK NAME (if any): \_\_\_\_\_ (As it appears on your driver's license or government ID)

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

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

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

E-MAIL: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DOB: \_\_\_\_\_

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

\_\_\_\_\_

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL): \_\_\_\_\_

ALTERNATE CONTACT (Son, Daughter, etc.):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (someone we may contact on the days you will be traveling)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

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

SERVICE HISTORY: BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

HOME TOWN (City/State from which you entered the service): \_\_\_\_\_

ACTIVITY DURING WWII: \_\_\_\_\_

**MEDICAL: THE INFORMATION YOU PROVIDE WILL NOT DISQUALIFY YOU! IT WILL ALLOW US TO ASSESS THE SUPPORT REQUIRED DURING OUR TRIP AND IS FOR HFSD AND MEDICAL PERSONNEL ONLY.**

Please list your physician's name and phone number in case of an emergency.

\_\_\_\_\_

Do you use mobility equipment? YES NO If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (Drug name, dose and how often you take it)

MEDICATION	DOSE AND FREQUENCY	MEDICATION	DOSE AND FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? YES NO

Do you have a history of seizure? YES NO Please describe what type (e.g. grand mal, petit mal, other)

Date of last seizure? \_\_\_\_\_ (If within 5 years, we STRONGLY advise you discuss trip with your private physician).

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

PLEASE COMPLETE SECOND PAGE

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 medication, we STRONGLY advised you discuss the 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 advised to discuss the trip with your private physician concerning the use of portable, hand-held nebulizers during the trip.

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

If YES, you will need to request a written perscription from your private physican for oxygen to be used during the flight and during the tour. The prescription must be submitted with this application and oxygen will be provided.

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 that you discuss the trip with your private 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 private physician.

Do you have a **urostomy or colostomy bag**? YES NO

If YES, please ensure the bag is vented prior to flight. If you do not know if your bag is vented, we STRONGLY advise you to discuss this issue with your private physician.

Additional Comments or Concerns:

**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, 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 **HFSD and the HFN** program. I hereby release the photographer and **HFSD and the HFN** from all claims and liability relating to said photographs. 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, 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.

An electronic submittal of this PDF application will not accommodate a physical hand-written signature. Therefore, by checking this box, you are providing a digital signature and agree that it is the legally binding equivalent to your handwritten signature with the same validity and meaning as your handwritten signature.

I acknowledge that all information provided is true and correct.

You may submit your completed application via any method listed below:

- |    |  |   |
|----|--|---|
| 1. | <b>Print the form and mail it to:</b>                          | <b>Honor Flight San Diego<br/>ATTN: Guardian Applications<br/>9423 Keck Court<br/>San Diego, CA 92129</b> |
| 2. | <b>Scan the form and e-mail to:</b>                            | <b>info@honorflightsandiego.org</b>   |
| 3. | <b>Save to a file name and attach it to an e-mail sent to:</b> | <b>info@honorflightsandiego.org</b>   |
| 4. | <b>Print the application and fax it to:</b>                    | <b>800 652-1375</b>   |