

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](mailto:info@honorflightsandiego.org) or visit our website at [www.HonorFlightSanDiego.org](http://www.HonorFlightSanDiego.org)

**Your name as it appears on your driver's license, state photo ID, or other TSA-acceptable identification. You MUST have TSA-acceptable ID to fly. See the TSA website for acceptable forms of ID required for air travel: <https://www.tsa.gov/travel/security-screening/identification>. (REAL ID required by 05/03/2023)**

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 \_\_\_\_\_ (If Vietnam only, 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): \_\_\_\_\_

HOMETOWN (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**

VETERAN FULL NAME: \_\_\_\_\_

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

For further information, please email: [info@honorflightsandiego.org](mailto:info@honorflightsandiego.org), call 800-655-6997, or visit [www.honorflightsandiego.org](http://www.honorflightsandiego.org)

Applications are available on our website.