

FOR HONOR FLIGHT USE ONLY L N: _____ D R: _____/_____/_____



Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorials at **no cost**. Top priority (for which we are currently accepting applications only) is given to WW II, terminally ill veterans from **all** wars and Korean 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**. All Stars and Stripes Honor Flights depart and return from General Mitchell International Airport in Milwaukee. Veteran must bring current form of government issued I.D. on flight day. For further information, please contact us at (262) 238-7740 or visit us at www.starsandstripeshonorflight.org.

YOUR NAME: _____ **NICK NAME:** _____
(Please List Your First, Middle & Last Name as it appears on your I.D.) *(If Applicable)*

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **DATE OF BIRTH:** _____

GENDER (circle one): M F **SHIRT SIZE (circle one):** S, M, L, XL, XXL, XXXL

PRIMARY EMERGENCY CONTACT INFORMATION *(someone available the day you travel):*

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip _____

PHONE: Day: _____ Evening: _____ Mobile: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT *(son, daughter, etc):*

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: Branch of Service *(circle one):* Army, Air Force, Navy, Marines, Coast Guard

RANK: _____ **WAR CONFLICT** *(circle one):* WWII (12/7/41 - 12/31/46) Korea (6/27/50 - 1/31/55)

Other: _____

DATES YOU SERVED ON ACTIVE DUTY: _____

ACTIVITIES DURING MILITARY SERVICE: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO. IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Please circle any mobility equipment used: Cane Walker Wheelchair Scooter

If you are in a wheelchair, are you able to transfer with assistance onto the airplane or bus? **(circle one):** Yes No

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE BACK PAGE

PLEASE CIRCLE A YES OR NO FOR THE FOLLOWING QUESTIONS:

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have any **drug allergies**? _____

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

When was your last seizure? _____. If within past 5 years, STRONGLY advised you discuss 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 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 encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you have a **problem walking** the length of a football field without assistance? YES NO

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 discuss the 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.

Additional Comments or Concerns: _____

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 neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____

DATE: ____/____/____

Please submit this form to:

Stars and Stripes Honor Flight, Inc.
ATTN: Veteran Application
P.O. Box 526
Port Washington WI 53074-0526

Or fax to:

262 546-5656

Or scan and email to:

sshfw@gmail.com

FOR HONOR FLIGHT USE ONLY L.N.: _____ D.R.: ____/____/____



GUARDIAN APPLICATION

Honor Flight would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a **safe** and memorable experience. Duties include, but not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Guardians are also responsible for the "guardian fee." For further information, please contact us at (262) 238-7740 or www.starsandstripeshonorflight.org. Thank You for your support.

NAME: _____ NICK NAME: _____

(Please List Your First, Middle & Last Name as it appears on your I.D.)

(IF APPLICABLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

E-MAIL ADDRESS: _____ Date of Birth: _____

OCCUPATION: _____ ARE YOU A VETERAN? _____ YES _____ NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

1. Please list any prior volunteer experience: _____

2. Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

3. Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Phone Numbers: Day: _____ Evening: _____

PLEASE COMPLETE PAGE 2

4. What is the name of the veteran you will be traveling with?: (Please note that a completed veteran application must be submitted also)
- _____
5. Are you able to push a veteran in a wheelchair up a slight incline? ____ Yes ____ No.
6. Can you lift 100 pounds? ____ Yes ____ No
7. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian. Also, please list any medications being taken and how often. _____
- _____
- _____
8. Gender (circle one): M F Weight: _____ Shirt Size: (S, M, L, XL, XXL, XXXL) _____
9. Please note any medical experience you may have (e.g., EMT, CPR, Paramedics), _____
- _____
- _____

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SIGNATURE *: _____ DATE: ____ / ____ / ____
M D Y

* If under 18, a parent/guardian must also sign and date below.

SIGNATURE: _____ DATE: ____ / ____ / ____
PARENT/GUARDIAN M D Y

Please submit this form to: Honor Flight, Inc.

ATTN: Guardian Application

P.O. Box 526

Port Washington WI 53074-0526

Or fax to: 262 546-5656

Or scan and email to: sshfw@gmail.com