

VETERANS HONOR FLIGHT OF SOUTHERN ILLINOIS

VETERAN APPLICATION



Honor Flight recognizes American veterans for your sacrifices and achievements by taking you to Washington, DC to see YOUR memorial at no cost. Top priority is given to terminally ill veterans from all wars, WWII veterans, and Korean War veterans. 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 www.veteranshonorflight.org

YOUR FULL NAME: _____ NICK NAME: _____
Last First Middle (For use on name badge)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL: _____ WEIGHT: _____ SHIRT SIZE: S M L XL XXL XXXL

DATE OF BIRTH: ____/____/____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

Alternate & Emergency contacts should not be the same person.

EMERGENCY CONTACT INFORMATION (someone not flying with you who can be contacted on flight day)

NAME: _____ RELATIONSHIP _____

PHONE: _____ EMAIL: _____

SERVICE HISTORY (A copy of your DD-214 MUST be attached to this application to be processed)

BRANCH: _____ DATES OF SERVICE: ____/____/____ through ____/____/____

CONFLICT: WWII KOREAN WAR VIETNAM WAR GULF WAR

GUARDIAN REQUEST

Do you have a preferred guardian for your flight? YES NO

If yes, what is your preferred guardian's full name: _____

Your preferred guardian MUST complete a guardian application and guardian training prior to the deadline established for your flight. Guardians must also pay the guardian fee. For complete information visit www.veteranshonorflight.org. Your spouse/significant other is not eligible to serve as a guardian.

MEDICAL: All veterans must undergo a medical evaluation prior to flying, in addition to answering these questions:

- YES NO Do you use a wheelchair?
YES NO Do you use a walker?
YES NO Are you able to climb the aircraft steps (approx 25 steps)?
YES NO Can you walk down the aisle of the aircraft to a seat unaided?
YES NO Are you able to climb the bus steps (approx 5 steps)?
YES NO If No, can you transfer from a wheelchair to a standard bus seat once onboard?
YES NO Do you use oxygen? How Frequently? _____
YES NO Do you use a nebulizer?
YES NO Do you have a history of seizures?
YES NO Do you use a urostomy/colostomy bag?
YES NO Do you have an open head injury or sinus injury?

PLEASE REVIEW & SIGN

The undersigned acknowledges and agrees that:

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 responsible for any injuries incurred by me while participating in the Honor Flight program.

The full name and date of birth listed on this application match exactly with government issued photo ID carried by the veteran. I understand I may not be allowed to fly if a discrepancy exists in this information due to flight security pre-screening.

SIGNED: _____
Veteran Signature

DATE: _____

MAIL FORM TO:

**Veterans Honor Flight of Southern Illinois
ATTN: Veteran Applications
10400 Terminal Dr., Suite 200
Marion, IL 62959**

INTERNAL USE ONLY

Date Received: _____

WebWare Processed By: _____

DD-214 Received: _____

Service Dates Verified: _____

RANK: _____

HOMETOWN: _____