

FOR HONOR FLIGHT USE ONLY LN: \_\_\_\_\_ DR: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## WEST VIRGINIA ALWAYS FREE HONOR FLIGHT *Veteran Application*

**Honor Flight** recognizes American veterans for your sacrifices and achievements by sending you to Washington, D.C. to see YOUR memorial at **no cost**. Top priority (for which we are currently accepting application only) is given to WW II 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 travel with the veterans on every trip 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 us at 304-308-4321 or 304-320-6032 or visit us at

YOUR NAME \_\_\_\_\_ NICK NAME \_\_\_\_\_  
(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID) If Applicable)

ADDRESS \_\_\_\_\_ GENDER: \_\_\_ M \_\_\_ F

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ 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 available the day you travel)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

HOME TOWN (from which city and state did you enter the service?) \_\_\_\_\_

ACTIVITY DURING WW II: \_\_\_\_\_

ACTIVITY DURING KOREAN WAR: \_\_\_\_\_

ACTIVITY DURING VIETNAM \_\_\_\_\_

ACTIVITY DURING DESERT STORM \_\_\_\_\_

**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.**

MEDICATION TAKEN and HOW OFTEN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

**Please circle the appropriate answer below:**

**Yes No** Do you use mobility equipment? If yes, please circle device: Cane Walker Wheelchair Scooter

**Yes No** Do you use oxygen at any time?  
If yes, you will need your private physician to write a prescription for oxygen to be used during the trip and tour.  
You will need to bring an oxygen concentrator with you; we will provide oxygen in Washington, D.C. if needed.

**Yes No** Do you have allergies? If yes, please list: \_\_\_\_\_

**Yes No** Do you have history of seizures? If yes please describe (grand mal, petit mat, other) When was your last seizure? \_\_\_\_\_ If within the past 5 years, **STRONGLY** advise you to discuss trip with your doctor!

**Yes No** Do you have motion sickness? If so, it it controlled by medicine? Yes No

**Yes No** Do you have any breathing problems? If yes, please describe: \_\_\_\_\_

**Yes No** Do you have a home nebulizer machine? If yes, discuss the use of a hand held nebulizer with your physician for the trip.

**Yes No** Do you have a problem walking the length of a football field? If yes, please describe the reason, (lung problems, arthritis, heart problems, etc): \_\_\_\_\_

**Yes No** Do you have a history of open head injuries, sinus problems, or ear problems?

**Yes No** Do you have a urostomy or colostomy bag? If so, please make sure the bag is vented prior to the trip.

Additional comments or concerns: \_\_\_\_\_

**It is strongly advised that if you answered yes to any of the above questions that you discuss the trip with your private physician!**

***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 fine 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 transportation 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 transportation 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: \_\_\_\_\_

(E-Mail applicants will be required to sign prior to actual flight date)

**Please submit this form to: Always Free Honor Flight  
P. O. Box 931  
Princeton, W. Va. 24740**

**Contacts: Charlie Thomas 304-308-4321  
Dreama Denver 304-920-8770  
Pam Coulbourne 304-320-6032**