

For Honor Flight Use Only: Last Name: _____ Date Received: _____



Lone Eagle Veteran Application

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

TLC – I am applying as a TLC Veteran and understand I need to provide a letter from my doctor with my diagnosis and prognosis to qualify.

YOUR NAME: _____ **PREFERRED NAME:** _____
(Use your **full name** as it appears on your driver's license or government ID) **GENDER:** M F

ADDRESS: _____

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

PHONE: Day: _____ Evening: _____ Cell: _____

EMAIL: _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

SHIRT SIZE: (S,M,L,XL,2XL,3XL,4XL) _____ **WEIGHT:** _____ **PREFERRED DEPARTING AIRPORT:** _____

EMERGENCY CONTACT INFORMATION (Someone available when you travel)

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **STATE:** _____

PHONE: DAY _____ **EVENING:** _____ **CELL:** _____

ALTERNATE CONTACT

NAME: _____ **RELATIONSHIP:** _____

PHONE: _____ **E-MAIL:** _____

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

RANK: _____ **WAR/CONFLICT/SERVICE ERA** (*circle one*): WWII Korea Vietnam Other: _____

DATES YOU SERVED IN THE MILITARY: _____

ACTIVITIES DURING MILITARY SERVICE: _____

INTERESTING EXPERIENCES DURING YOUR SERVICE: _____

Have you ever been on an Honor Flight? Yes No

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

Please circle any mobility equipment used: Cane Walker Wheelchair Scooter

Do you require a wheelchair, circle one: Yes or No

If in a wheelchair, are you able to transfer with assistance onto the airplane or bus? Yes or No

Do you use **oxygen** at any time? YES or NO If YES, you will need to provide a prescription once you have been confirmed on flight.

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

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO

Are you requesting to travel with a specific Guardian? _____ Yes _____ No

If yes, what is that Guardian's name? _____

Guardian must be between 18-70 years of age, **and must have a Guardian Application on file before you are notified of your flight date. We cannot guarantee requested Guardians after the Veteran has been notified for their flight date. Because this is a physically demanding day, all guardians are subject to a medical check by our team to ensure they can care for the veteran during his/her flight weekend.**

IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR

PLEASE REVIEW CAREFULLY: 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: _____

Submit form to: Bobbie Bradley
52666 Buckhorn Rd
Three Rivers, MI 49093

Or Email to: eagle@honorflight.org
Or Fax to: 318-314-2032