



# Veteran Application

Central Valley Honor Flight recognizes American Veterans for their sacrifices and achievements by sending them to Washington D.C. to visit their memorial at no cost. Top priority is given to WWII and terminally ill veterans from all wars. Honor Flight will be expanding to include Korean and Vietnam Veterans. In order for Honor Flight to achieve this mission, guardians accompany the veterans on every flight, providing assistance and helping veterans have a safe, memorable and rewarding experience. Guardians are also responsible for their own expenses (airline fare, etc.). Guardian Applications can be found on the Honor Flight website. In honor of their sacrifice and service to our country, please consider this a small token of appreciation from all of us at Honor Flight in giving back to our veterans, who gave it all so we could be free.

## Personal Information

	First	Middle (if any)	Last	
FULL NAME:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(As it appears on your driver's license or government ID.)
	<b>Real ID or Acceptable ID required</b>			
PREFERRED NAME:	<input type="text"/>			
ADDRESS:	<input type="text"/>			CITY: <input type="text"/>
STATE:	<input type="text"/>	ZIP CODE: <input type="text"/>	PHONE: (Home) <input type="text"/>	PHONE: (Mobile) <input type="text"/>
EMAIL:	<input type="text"/>			
D.O.B.:	<input type="text"/> / <input type="text"/> / <input type="text"/>	GENDER: (Circle One) Male / Female		
HOW DID YOU LEARN ABOUT THE HONOR FLIGHT ORGANIZATION?	<input type="text"/>			
HAVE YOU EVER BEEN ON AN HONOR FLIGHT? (Circle One)	Yes / No			
T-SHIRT SIZE: (Circle One)	S / M / L / XL / XXL / XXXL			PREFERRED DEPARTING AIRPORT: <input type="text"/>

## Alternate Contact

NAME:	<input type="text"/>		
RELATIONSHIP:	<input type="text"/>		(son, daughter, etc)
PHONE NUMBER:	<input type="text"/>	EMAIL:	<input type="text"/>

## Emergency Contact

NAME:	First <input type="text"/>	Last <input type="text"/>	(As it appears on their driver's license or government ID.)	RELATIONSHIP: (son, daughter, etc) <input type="text"/>
ADDRESS:	<input type="text"/>		CITY:	<input type="text"/>
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>	PHONE: (Home) <input type="text"/>
			PHONE: (Mobile)	<input type="text"/>

## Service History

BRANCH OF SERVICE:	<input type="text"/>	RANK:	<input type="text"/>
DATES OF ACTIVE DUTY SERVICE: (Month/Year)	<input type="text"/>	TO: (Month/Year)	<input type="text"/>
HOMETOWN:	<input type="text"/>		
PRIMARY JOBS AND ACTIVITIES DURING YOUR SERVICE:			
<div></div>			

## Medical History

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.

DO YOU USE MOBILITY EQUIPMENT? (Circle One) Yes / No IF YES, PLEASE CIRCLE DEVICE: Cane / Walker / Wheelchair / Scooter

DO YOU REQUIRE A HANDICAP BATHROOM AT THE HOTEL? (Circle One) Yes / No

ARE YOU ABLE TO PROVIDE ALL SELF-CARE INDEPENDENTLY (EATING, BATHING, AND DRESSING) (Circle One) Yes / No

DO YOU HAVE ANY DRUG ALLERGIES?

(Circle One) Yes / No

DO YOU HAVE A HISTORY OF SEIZURE? (Circle One) Yes / No

# Medical History

DO YOU HAVE PROBLEMS WITH MOTION SICKNESS (SEA OR AIR)? (Circle One) Yes / No IF YES, IS IT CONTROLLED WITH MEDICATIONS? (Circle One) 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? (Circle One) Yes / No

DO YOU USE A HOME NEBULIZER MACHINE? (Circle One) 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 USE OXYGEN AT ANY TIME? (Circle One) 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 USE A CPAP? (Circle One) Yes / No

IF YES, PLEASE DESCRIBE THE REASON (e.g. lung problems, arthritis, heart problems, etc.)

DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS PROBLEMS, OR EAR PROBLEMS? (Circle One) Yes / No

IF YES, HAVE YOU FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED? (Circle One) Yes / No

IF YES, DID YOU HAVE ANY PROBLEMS? (Circle One) 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.

HAVE YOU BEEN DIAGNOSED WITH DEMENTIA? (Circle One) Yes / No

DO YOU HAVE A UROSTOMY OR COLOSTOMY BAG? (Circle One) 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.

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

MEDICATION:

TAKEN  
HOW OFTEN:

# Medical History

MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>
MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>	MEDICATION:	<input type="text"/>	TAKEN HOW OFTEN:	<input type="text"/>

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.

SIGNATURE:

DATE:

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

PLEASE SUBMIT THIS FORM TO:

**Central Valley Honor Flight**  
**Attn: Veteran Application**  
**1735 El Paso Ave Clovis, CA 93611**