

# VETERAN APPLICATION



Honor Flight Nevada recognizes American Veterans for your sacrifices and achievements by taking you to Washington DC to see YOUR memorials at no cost. Honor Flight Nevada accepts all veteran applications, regardless of combat or tour status. Top priority is given to WWII and terminally ill Veterans from all wars. For Honor Flight Nevada 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 Nevada. For further information, please contact us at 775.323.9955 or visit us at [www.HonorFlightNV.org](http://www.HonorFlightNV.org).

NAME: FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

**(PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE OR GOVERNMENT ID)**

NICK NAME: \_\_\_\_\_ (If Applicable) GENDER: M F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

TEE SHIRT SIZE: S M L XL XXL XXXL

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## GUARDIAN

**SPOUSES CANNOT BE GUARDIANS UNLESS: VETERAN OR MEDICALLY DEPENDANT (CALL FOR DETAILS)**

**GUARDIAN'S PAY THEIR OWN TRAVEL COSTS.**

ARE YOU TAKING A GUARDIAN WITH YOU? **YES NO** DID THEY COMPLETE THE GUARDIAN APPLICATION? **YES NO**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## SERVICE HISTORY

BRANCH OF SERVICE: MARINES - ARMY - ARMY AIR CORPS - NAVY - AIR FORCE - COAST GUARD

RANK: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ HOME TOWN: \_\_\_\_\_

SERVED DURING: (CIRCLE ALL THAT APPLY) WWII - KOREA - VIETNAM - DESERT STORM/GULF - IRAQ - AFGAN

ACTIVITY IN SERVICE: \_\_\_\_\_

## MEDICAL INFORMATION

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

**MEDICATION**

**DOSE & HOW OFTEN?**

**MEDICATION**

**DOSE & HOW OFTEN?**

\_\_\_\_\_

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\_\_\_\_\_

HONOR FLIGHT USE ONLY: NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

**PLEASE COMPLETELY ANSWER THE FOLLOWING FOR VETERAN APPLICATION**

DO YOU USE MOBILITY EQUIPMENT? **YES NO** (IF YES) TYPE? WHEELCHAIR - CANE - WALKER - SCOOTER

ALLERGIES? **YES NO** LIST: \_\_\_\_\_

SEIZURES? **YES NO** TYPE: GRAND MAL - PETIT MAL - OTHER: \_\_\_\_\_

DATE OF LAST SEIZURE? \_\_\_\_\_ (IF WITHIN LAST 5 YEARS, DISCUSS TRIP WITH YOUR PHYSICIAN)

BREATHING PROBLEMS? **YES NO** PLEASE DESCRIBE: \_\_\_\_\_

HOME NEBULIZER MACHINE? **YES NO**

MOTION SICKNESS? **YES NO** CAN IT BE CONTROLLED BY MEDICATION? **YES NO**  
(IF NO, WE STRONGLY ADVISE YOU TO DISCUSS TRIP WITH YOUR PHYSICIAN)

USE OF OXYGEN? **YES NO** (IF YES, DISCUSS TRIP WITH YOUR PHYSICIAN FOR A PRESCRIPTION FOR OXYGEN.)  
**TURN IN PRESCRIPTION WITH APPLICATION. OXYGEN WILL BE PROVIDED.**

CAN YOU WALK THE 100 YARDS WITH NO ASSISTANCE? **YES NO** (IF NO, PLEASE DESCRIBE THE REASON? (LUNGS, HEART, ARTHRITIS, LEGS, ETC: \_\_\_\_\_)

HAVE YOU HAD HEAD INJURIES? **YES NO** DO YOU HAVE ANY EAR ISSUES? **YES NO**

DO YOU HAVE SINUS ISSUES? **YES NO**

HAVE YOU FLOWN SINCE HEAD, SINUS OR EAR PROBLEM OCCURRED? **YES NO**

DID YOU HAVE PROBLEMS? **YES NO** (IF YES, WE STRONGLY ADVISE YOU DISCUSS TRIP WITH YOU PHYSICIAN)

DO YOU HAVE AN COLOSTOMY OR UROSTOMY BAG? **YES NO** (IF YES, PLEASE MAKE SURE THE BAG IS VENTED PRIOR TO FLIGHT. IF YOU ARE NOT SURE YOUR BAG HAS A VENT, WE STRONGLY ADVISE YOU ASK YOUR PHYSICIAN)

ADDITIONAL COMMENTS OR CONCERNS: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY BEFORE SIGNING**

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, guardian or volunteer 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-MAILED APPLICANTS MUST SIGN PRIOR TO ACTUAL FLIGHT)**

PLEASE SUBMIT FORM TO:

**HONOR FLIGHT NEVADA, INC.  
POST OFFICE BOX 21123  
RENO, NV. 89515  
(775) 323-9955**

IF MORE MEDS ARE TAKEN, WRITE THEM ON BACK OF THIS SHEET

PLEASE COMPLETE SECOND PAGE