First State Honor Flight

Veteran Application

For First State Honor Flight Use Only

Last Name_____ Date_____

World War II ☐ Korean War ☐ Vietnam ☐ Gulf War ☐

First State Honor Flight wishes to recognize your service by taking you to Washington, D.C. to see your memorials with an all-expense paid trip. Top priority is given to critically ill Veterans from any war, World War II Veterans, Korean War Veterans, Vietnam Veterans, and then those from later conflicts. Scheduling priority will be based on the receipt date of the application. A Guardian Escort accompanies each Veteran to provide assistance and to help ensure a safe, memorable, and rewarding experience. For further information, please call **302-531-7272, Option 4;** email veterans@firststatehonorflight.org; or find us on the web at www.firststatehonorflight.org.

YOUR INFORMATION

Your Name _____ **Nickname** _____

(For security and travel purposes, name information must match your driver's license or state issued picture identification) You must have **REAL ID compliant identification** to participate. REAL ID Act.

Street Address _____ **City** _____

County _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

Email Address _____ **Birthdate (mm/dd/yyyy)** _____

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL **Weight (must have)** _____

SERVICE HISTORY

Hometown _____ **Military Branch** _____

Rank _____ **Service Dates From** _____ **To** _____

Units Assigned/Locations

_____

_____

_____

If you would like to name a specific relative or friend to serve as your Guardian Escort, please provide his/her name and phone number. Your spouse is NOT eligible to serve as your guardian. Your children, grandchildren, other relatives, or friends are welcome to apply as your Guardian Escort. For them to travel with you, he/she must submit a Guardian application (available at www.firststatehonorflight.org).

Requested Guardian Name _____ **Phone** _____

Relationship of Guardian _____

If you wish to experience your trip to Washington, D.C. with a Veteran buddy, please list his/her name and phone number. Your Buddy must also submit an application, and we suggest submitting your applications together.

Veteran Buddy's Name _____ **Buddy's Phone** _____

Veteran's Name _____

VETERAN CONTACTS

Spouse

Name _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

In case of Emergency, call (someone available the day you travel and not traveling with you)

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Family – Not your spouse

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Friend, Neighbor, or Other Family

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Veteran's Name _____

VETERAN MEDICAL INFORMATION

- Do you normally use mobility assistance? ☐ Wheelchair ☐ Walker ☐ Cane ☐ None
  Note: *We provide a wheelchair for every Veteran and therefore we will not transport a personal wheelchair, walker, or Motorized Unit on the trip. However, you may bring a personal cane if desired.*
- Are you able to go up/down 6 steps to get on/off the bus with help? ☐ No ☐ Yes
- Will you need a wheeled seat to get to/from your seat on the bus? ☐ Yes ☐ No
- Do you have a history of Epilepsy or seizures? ☐ Yes ☐ No
  If Yes, please describe: (i.e., grand mal, petit mal, other) _____
  When was your last seizure? _____
- Have you had a stroke ☐ Yes ☐ No
  If Yes, when? _____
- Are you short of breath after exerting yourself? ☐ Yes ☐ No
- Do you carry an inhaler? ☐ Yes ☐ No
- Do you use Oxygen at any time? ☐ Part time ☐ Full time ☐ No
  Note: *If you use oxygen, your private physician must write a prescription for oxygen to be used during the trip. Oxygen will be provided by First State Honor Flight, but your prescription MUST be turned in at/before Orientation.*
- Do you have kidney problems? ☐ Yes ☐ No
  - Are you on dialysis? ☐ Yes ☐ No
  - Do you have a urostomy or colostomy bag? ☐ Yes ☐ No

- Are you Diabetic? ☐ Yes, diet controlled ☐ Yes, Insulin dependent ☐ No
  - Does your medication require refrigeration? ☐ Yes ☐ No
  - Do you carry glucose with you? ☐ Yes ☐ No

  Note: *If you are insulin dependent, your private physician must write a prescription for insulin to be used during the trip.*
- Do you have a pacemaker/internal defibrillator? ☐ Yes, pacemaker ☐ Yes, AICD ☐ No
- Please list any drug allergies. _____

_____

Veteran's Name _____

- Are you a Snowbird? ☐ Yes ☐ No Dates: From _____ To _____
  - Snowbird Address _____
  - Snowbird Phone _____
- How did you find out about Honor Flight? _____

Your application will be entered into our database based on the date received. Priority goes to any Critically ill Veteran, then WWII Vets (service 1948 and earlier), then Korean War Vets (service 1949 – 1954), then Vietnam (service 1955 – 1975), and then any service 1976 to the present.

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the **information provided** in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I understand that **personal medical insurance is my responsibility**, and I understand that First State Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other First State Honor Flight activities and will not hold First State Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the First State Honor Flight program.
3. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 videographer/photographer and First State Honor Flight from all claims and liability relating to said images. **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 of compensation or ownership thereto.
4. I Acknowledge that I must have **REAL ID compliant identification** to participate. REAL ID Act.
5. I acknowledge that this application consists of 4 pages.

Print Your Name _____ **Signature** _____ **Date** _____

We must have all 4 pages completed before your application will be accepted.

Please Mail this form to:

First State Honor Flight
PO Box 80
Frederica, DE 19946