For Honor Flight Use Only: Last Name:

**Veteran Application**

Date Received:

***Never Forgotten Honor Flight*** recognizes you for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorials **at no cost**. In order for ***Never Forgotten 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 ***Never Forgotten Honor Flight***. For further information, please contact us at (715)573-8519 or visit us at [www.neverforgottenhonorflight.or](http://www.neverforgottenhonorflight.org)g.

We are currently accepting applications for WWII, Korean and Vietnam Veterans (see eligibility dates on page 3). Priority is given to WWII veterans and any veteran with a terminal illness, followed by Korean Veterans, then Vietnam Veterans. All ***Never Forgotten Honor Flights*** depart from Central Wisconsin

Airport (CWA), Mosinee, WI.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME (please enter your full middle name and any titles that are a legal part of your name such as Jr., Sr., etc. If you have no middle name please write "none")** | | | | | | | | | | | | |
| **First** | | | **Middle Name** | | | | | **Last** | | | | |
| **Nick Name** (if applicable) | | | | | | | | **GENDER Male Female** | | | | |
| **ADDRESS** | | | | | | | | | | | | |
| **CITY** | | | **COUNTY** | | | | **STATE** | | | **ZIP** | | |
| **PHONE** | Day | | | Evening | | | | | Cell | | | |
| **EMAIL ADDRESS** (if applicable) | | | | | | | | | | | | |
| **WEIGHT** | | **BIRTHDAY** Month/Day/Year | | | | | | | | | **AGE** | |
| **TEE SHIRT SIZE** (circle) | | | S | | M | L | | XL | | 2X | | 3X |
| **HOW DID YOU HEAR ABOUT HONOR FLIGHT?** | | | | | | | | | | | | |

**SERVICE HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| HOMETOWN (When you entered the service) | | City | State |
| Branch of Service  (mark with "X") | Army | Navy | Marines |
| Army Air Corp  Air Force | Coast Guard | Merchant Marines |
| Time of Service  (mark with "X") | WWII | Korea | Vietnam |
| Dates of Service (as much as is known, see page 3 for eligibility dates) From To | | | Rank |
| Where Did You Serve? | | | |
| Activity During the War | | | |

Your Name: (First) (Middle Name) (Last)

**MEDICAL INFORMATION**: Information provided will not disqualify you from taking the trip. It permits us to assess the support we need during the trip. Information is for Honor Flight and Medical Personnel only. Please use the back of this form if you need more space to comment on a medical condition. If you have concerns regarding any of your medical issues, we strongly advise you to discuss the trip with your

private physician.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If Yes, |
| Do you use mobility equipment? |  |  | Please check the device  Cane Walker Wheelchair Scooter |
| Would it be difficult for you to walk the length of football field unassisted? |  |  | Please describe the reason (e.g. lung problem, arthritis, heart problems, etc) |
| Are you confined to a wheelchair? |  |  | Can you take a few steps with assistance to a bus seat?  Yes No |
| Do you have diabetes? |  |  | Do you take diabetes medication? Yes No  If yes, injected or oral ? |
| Do you have a urostomy or colostomy  bag? |  |  | Please specify  If yes, please make sure the bag is vented prior to flight. |
| Do you have a history of seizures?  (e.g., grand mal, petit mal, other) |  |  | Please describe  When was your last seizure? |
| Do you have any breathing problems? |  |  | Please describe |
| Do you use a home nebulizer machine? |  |  | If yes, will you need to use portable, hand-held  nebulizers during the trip? Yes No |
| Do you use oxygen at any time? |  |  | If yes, do you use it ALWAYS? Yes No  If yes, do you use it at NIGHT ONLY Yes No  Your private physician must write a prescription for oxygen to be used during the trip. We will provide the oxygen. |
| Do you have a history of open head injuries, sinus problems, or ear problems? (circle which ones, if any) |  |  | Have you flown since the problem occurred?  Yes No  If yes, did you have any problems? Yes No  If yes, please describe |
| Do you have any drug allergies? |  |  | Please list |
| Additional heath concerns (please describe) | | | |

**MEDICATIONS\***

Medication Taken Time of Day Medication Taken Time of Day

Signature Date

***\*attach separate sheet if necessary***

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Family or Friend Contact (someone at a different phone number) | | | |
| Name | | | Relationship |
| Email | Phone | | Cell Phone |
| Emergency Contact (Someone available the day you travel) | | | |
| Name | | | Relationship |
| Phone | | Cell Phone | |

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Never Forgotten 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 Never Forgotten Honor Flight program. I hereby release the photographer and Never Forgotten Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Never Forgotten Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Never Forgotten Honor Flight promotional material and publications and waive any rights of compensation or ownership thereto. I further consent to my name and telephone number being given to news media to allow them to contact me for interviews. I understand I do not have to consent to be interviewed by the news media if I do not wish to do so.

2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Never Forgotten Honor Flight nor the provider of free private/airline aircraft (the flight provider) provides medical care. I understand that I accept all risk associated with travel and other Honor Flight Network Activities and will not hold Never Forgotten Honor Flight, the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Never Forgotten Honor Flight responsible for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this form to:**

Never Forgotten Honor Flight, Inc.

Attn: Veteran Application

P. O. Box 5056

Wausau, WI 54402-5056

**Eligibility Dates for Veterans:**

Merchant Marines Dec. 7, 1941 to Aug. 15, 1945

WWII Dec. 7, 1941 to Dec. 31, 1946

Korea June 25, 1950 to Jan. 31, 1955

Vietnam Feb. 28, 1961 to May 7, 1975