

Veteran Application



North Country Honor Flight ("Honor Flight") recognizes American Veterans for your sacrifices and achievements by taking you to Washington, D.C. to see YOUR 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. 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. For further information, please visit us at <http://www.nchonorflight.org>.

Your Name _____ (Please list your first, middle, and last names, as they appear on your driver's license or government id.) _____ Nick Name (if applicable) _____

Age _____ Date of Birth _____ Gender (circle) M F Tee Shirt Size (circle) S M L XL XXL XXXL Your weight (for flight manifest) _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email Address _____

Branch of Service _____ Dates of Service _____

Activity during World War II, Korean War, etc. _____

ALTERNATE CONTACT (son, daughter, etc.):

Contact's Name _____ Contact's relationship to you _____

Contact's Phone _____ Contact's Cell Phone _____ Contact's Email Address _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Contact's Name _____ Contact's relationship to you _____

Contact's Phones (day/evening) _____ / _____ Contact's Cell Phone _____ Contact's Email Address _____

Please Complete Pages Two and Three

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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.

Do you use mobility equipment: **YES NO**
If YES, please circle device used: **Cane Walker Wheelchair Scooter**

Medications(list all)	Taken how often?	Medications	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies (list all)? _____

Do you have a history of seizure? **YES NO**
If YES, please describe what type (i.e., grand mal, petit mal, other): _____
When was your last seizure? _____
(If within past 5 years, it is STRONGLY advised you discuss trip with your private physician!)

Do you have problems with motion sickness (sea or air)? **YES NO**
If YES, is it controlled with medications? **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? **YES NO** If YES, please describe: _____

Do you use a home nebulizer machine? **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? **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 have a problem walking the length of a football field without assistance? **YES NO**
If YES, please describe reason (e.g. lung problems, arthritis, heart problems, etc.): _____

Do you have a history of open head injuries, sinus problems, or ear problems? **YES NO**
If YES, have you flown since the open head injury, sinus or ear problems occurred? **YES NO**
If YES, did you have any problems? **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.)

Do you have a urostomy or colostomy bag? **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.)

Please note additional Comments, Concerns, and Medications on the back of this page.

Please Complete Page Three

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VETERANS: **We will ask for your DD 214** (Certificate of Release or Discharge from Active Duty) papers. *Do you have your DD 214?* **YES NO**

ALL TRAVELERS: **A valid, unexpired, government-issued photo id is required** for air travel. Please be sure to bring your id with you to the airport. ***The name on the id must match the name you've provided on this application.***

How did you hear about North Country Honor Flight? Please check all that apply.

Newspaper Radio
 Facebook Other: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that

1. As photographic and video equipment are frequently used to memorialize and document North Country Honor Flight ("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 thereby 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 Guardian 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 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: / /

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

Please submit this application to:

North Country Honor Flight, Inc.
P.O. Box 2644
Plattsburgh, NY 12901