



FOR OLD GLORY HONOR FLIGHT USE ONLY POST MARK DATE _____ / _____ / _____ G: _____

OLD GLORY HONOR FLIGHT VETERAN APPLICATION

The mission of *Old Glory Honor Flight* is to transport local, WWII veterans and terminally ill veterans from all wars, to Washington DC to see their memorial free of charge. It's our small way to say thank you to all the brave men and women who served our country so selflessly. In order for us to achieve our goal, guardians fly on every flight to provide assistance and to ensure each vet has a safe, memorable, tour of honor.

YOUR FULL NAME: _____ NICK NAME? _____
 (PLEASE PRINT YOUR FIRST, MIDDLE & LAST NAME)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

EMAIL ADDRESS: _____ WEIGHT: _____ AGE: _____ DOB: _____

SHIRT SIZE: S, M, L, XL, XXL, XXXL

HOW DID YOU HEAR ABOUT OLD GLORY HONOR FLIGHT? _____

BRANCH OF SERVICE: _____ RANK: _____ DATES OF SERVICE: _____

DUTIES DURING THE WAR? _____

IS THERE ANYTHING YOU'D LIKE TO SHARE WITH US IN REGARDS TO YOUR EXPERIENCES DURING THE WAR?

WOULD YOU BE ABLE TO SUPPLY A PICTURE OF YOURSELF WHEN YOU WERE IN SERVICE? IF YES, PLEASE SUBMIT A COPY OF YOUR PICTURE ALONG WITH THIS SUBMISSION. MAKE SURE IT'S **NOT** AN ORIGINAL AND IT HAS YOUR FULL NAME ON THE BACK OF THE PRINT. PHOTOS WILL NOT BE RETURNED.

EMERGENCY CONTACT INFORMATION (SOMEONE AVAILABLE THE DAY YOU TRAVEL):

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____

PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT--- **NEEDS TO BE A DIFFERENT PERSON THAN THE ONE LISTED ABOVE!**

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____

PHONE: _____ CELL PHONE: _____

Medical Information: The following Information provided will not disqualify you; it only helps us assess the support we need during the trip. This information is for *Old Glory Honor Flight* and its medical personnel only.

YOU ARE STRONGLY ENCOURAGED TO DISCUSS THIS TRIP WITH YOUR PRIVATE PHYSICIAN!

DO YOU USE (PLEASE CIRCLE ALL THAT APPLY) CANE WALKER WHEELCHAIR OR SCOOTER?

IF YOU ARE IN A WHEELCHAIR, ARE YOU ABLE TO TRANSFER, WITH ASSISTANCE, ONTO THE AIRPLANE OR BUS? YES NO

DO YOU HAVE A PROBLEM WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? YES NO

DO YOU FEEL AFTER A FULL DAY OF ACTIVITIES THAT IF YOU DO NOT CURRENTLY USE A WHEELCHAIR THAT YOU MAY NEED TO USE ONE BY THE END OF THE DAY? YES NO

PLEASE LIST ALL CURRENT MEDICATIONS, DOSE, & TAKEN HOW OFTEN

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

DO YOU HAVE ANY DRUG ALLERGIES? YES NO

DO YOU HAVE A HISTORY OF SEIZURES? YES NO

PLEASE DESCRIBE WHAT TYPE (GRAND MAL, PETIT MAL, ETC) _____

WHEN WAS YOUR LAST SEIZURE? DATE: _____

DO YOU HAVE PROBLEMS WITH MOTION SICKNESS? YES NO

DO YOU FORESEE ANY PROBLEMS WITH MOTION SICKNESS WHILE FLYING OR ON THE BUS TOUR? YES NO

DO YOU HAVE ANY BREATHING PROBLEMS? YES NO

IF YES, DO YOU USE A HOME NEBULIZER? YES NO

IF YES, DO YOU OWN A HANDHELD PORTABLE NEBULIZER? YES NO

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/DURING THE TOUR. THE PRESCRIPTION IS DUE 3 WEEKS IN ADVANCE OF THE FLIGHT.

DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS OR EAR PROBLEMS? YES NO

IF YES, HAVE YOU FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED? YES NO

IF YOU HAVE NOT FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED, WE STRONGLY ADVISE YOU TO DISCUSS THE TRIP WITH YOUR PRIVATE PHYSICIAN.

DO YOU HAVE A COLOSTOMY OR UROSTOMY BAG? YES NO

IF YES, PLEASE MAKE SURE THE BAG IS VENTED PRIOR TO FLIGHT

ADDITIONAL COMMENTS OR CONCERNS REGARDING OLD GLORY HONOR FLIGHT:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Honor Flight activities through video, photo, website, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive my rights of compensation or ownership.
2. I understand that medical insurance is my responsibility and I understand that neither Honor Flight nor the aircraft 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/group for any injuries incurred while participating in the Honor Flight Program.
3. I have been informed that Old Glory Honor Flight strongly recommends I discuss this trip with my private physician prior to flight date.
4. I understand that because of the long wait list, my spouse may not accompany me on this trip.
5. I hereby give permission for my name to be released to other veterans via a flight roster. Information will include veteran name, phone number, hometown and branch of service.

SIGNED:

_____ Date: _____

Please submit this form to:

OLD GLORY HONOR FLIGHT INC.
ATTN: DIANE MACDONALD
4650 W. SPENCER ST
APPLETON, WI 54914

PLEASE NOTE THAT WE HAVE A LONG WAITING LIST. YOU WILL BE CONTACTED BY OLD GLORY HONOR FLIGHT WHEN IT'S YOUR TURN TO GO. PLEASE BE PATIENT, MOST VETERANS WAIT BETWEEN 6 TO 12 MONTHS BEFORE IT'S THEIR TURN. THANK YOU

QUESTIONS? PLEASE CALL 1-888-6FLY-VET AND LEAVE A MESSAGE.
ONE OF OUR VOLUNTEERS WILL RETURN YOUR PHONE CALL AS SOON AS THEY ARE ABLE OR
VISIT US AT www.oldgloryhonorflight.org