



VETERAN APPLICATION

The mission of *Old Glory Honor Flight of Northeast Wisconsin* is to transport local veterans to Washington, D.C. to see their memorials and to thank them for their service at no cost to the veteran.

**** Please note**** Old Glory Honor Flight will assign you a guardian escort who may or may not be of your choosing. Every veteran is assigned a trained volunteer guardian or medical assistant who will assist you during your trip. If you have a family member at least one generation younger than you, they may apply online to go along but we cannot guarantee an invitation due to our waitlist.

I served active duty sometime between 12/7/1941 - May 7, 1975

For veterans who served later than May 7, 1975, we are not accepting applications at this time. Please visit our website for updates.

FULL LEGAL NAME: _____ NICK NAME? _____
(Please print your first, **full middle** & last name)

ADDRESS: _____ CITY: _____

COUNTY _____ STATE: _____ ZIP: _____ PHONE: _____ CELL PHONE: _____

WEIGHT: _____ HEIGHT: _____ AGE: _____ Date of Birth: _____ GENDER: Male/Female

EMAIL ADDRESS: _____

POLO SHIRT/JACKET SIZE: S, M, L, XL, 2XL, 3XL, 4XL, 5XL

CONFLICT SERVED: WWII KOREAN VIETNAM ERA OTHER ERA

BRANCH OF SERVICE: _____ RANK: _____

Check DD-214- START DATE OF SERVICE: _____ DATE OF DISCHARGE: _____

PLEASE TELL US WHERE YOU SERVED, DUTIES, ASSIGNMENTS:

EMERGENCY CONTACT #1

NAME: _____ RELATIONSHIP: _____

PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT #2 ---NEEDS TO BE A DIFFERENT PERSON THAN THE ONE LISTED ABOVE

NAME: _____ RELATIONSHIP: _____

PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

PRELIMINARY MEDICAL INFORMATION

The information provided is used by Old Glory Honor Flight staff and medical volunteers to ensure we are providing you the best support possible for the trip. You are strongly encouraged to discuss the trip with your personal physician.

I currently use a wheelchair, walker, or cane: YES NO

I am able to stand and fully support myself without assistance: YES NO

I may need assistance walking long distances (up to the length of a football field): YES NO

I may need assistance navigating several steps onto and off of the bus while in D.C.: YES NO

I currently use supplemental oxygen: YES NO

Please add any concerns including medical information or needs to help us make your trip as comfortable as possible. _____

PLEASE REVIEW CAREFULLY AND SIGN

___ I understand that medical insurance is my responsibility and I understand that neither Old Glory Honor Flight, the aircraft provider nor bus company provides medical care. I understand that I accept all risks associated with travel and will not hold Old Glory Honor Flight, the National Honor Flight Network, the flight provider, bus company or any person or group for any injuries incurred while participating in the honor flight program.

___ I understand that Old Glory Honor Flight strongly recommends I discuss this trip with my personal physician prior to flight date.

___ I hereby give permission for my name to be released to other veterans via a flight roster. Information will include veteran name, address, phone number and branch of service.

___ I understand that when I am selected to take part in the program that I will be given directions on how to provide more current and specific medical information.

___ I understand that my spouse or significant other cannot accompany me on this trip unless he or she is also a Service Date Qualified Veteran as I am.

___ I understand that I will be assigned a trained guardian when it's my turn to travel with Old Glory Honor Flight and it may NOT be the person I requested depending on flight-specific needs.

___ I hereby give permission for my images captured during Old Glory Honor Flight activities through video, photo, website, or other media, to be used solely for the purposes of Old Glory Honor Flight promotional material and publications and waive my rights of compensation or ownership.

___ I acknowledge that I have not previously participated with Old Glory Honor Flight or any other Honor Flight Hub on a trip to Washington DC.

We will not accept applications that are a surprise to the veteran. The veteran needs to sign and date this application him or herself.

SIGNED: _____ Date: _____

ADDITIONAL COMMENTS OR CONCERNS REGARDING OLD GLORY HONOR FLIGHT:

You will be contacted by Old Glory Honor Flight when it's your turn to go.
Please be patient, most veterans wait approximately 18-24 months before it's their turn.

Thank you for your service, we can't wait to meet you!

Visit us at www.oldgloryhonorflight.org and find us on Facebook!

Please send this application to:

OLD GLORY HONOR FLIGHT
Attn: Applications
321 S. Nicolet Rd., Suite A
Appleton, WI 54914

