



Honor Flight Use Only: _____

Land of Lincoln Honor Flight **VETERAN** Application (R2025)

1523 S Willemore Ave; Springfield, IL 62704

Land of Lincoln Honor Flight, a National Honor Flight Network hub, recognizes our American Veterans for their sacrifice and service by providing a round trip to Washington, DC at no cost to the Veteran. For more information, you may contact us at 217-652-4719, email jmb4604@aol.com or www.LandofLincolnHonorFlight.org or through Land of Lincoln Honor Flight Facebook page.

Top priority is given to WWII Veterans followed by the Korean War and then Vietnam War eras. Terminally ill veterans of any of these eras are given special consideration. Veterans are placed on the waiting list by receipt date of application. Veterans will be notified by phone 10-12 weeks in advance of their flight.

VETERAN INFORMATION

Please enter your FULL legal name. If no middle name or just an initial, enter "None" or "initial only." Applications must be filled out fully and legibly.

Full FIRST Name		Full MIDDLE Name		LAST NAME	
First Name for Name Tag			<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	
Mailing Address				Primary Phone	
City		State		Zip	
Email Address				Cell Phone	
				Other Phone	

SERVICE HISTORY

<input type="checkbox"/> World War II (enlisted by 12/31/1946)	Dates of service: 19____ to 19 ____
<input type="checkbox"/> Korean War Era (01/01/47 - 12/31/57)	Type of discharge: _____
<input type="checkbox"/> Vietnam War Era (01/01/58 - 05/07/75)	Highest rank: _____
<input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Marines <input type="checkbox"/> US Navy <input type="checkbox"/> Coast Guard	
Did you serve in a combat zone? <input type="checkbox"/> YES <input type="checkbox"/> NO	

You will be provided a t-shirt and cap for flight day

T-shirt size:
☐ Small
☐ Medium
☐ Large
☐ XL
☐ 2XL
☐ 3XL
☐ 4XL
☐ 5XL

MANDATORY EMERGENCY CONTACT INFORMATION

Contacts may NOT be persons who are also going on the same flight.

Emergency Contact #1 (REQUIRED)

Name	Relationship
Address	City/State/Zip
Primary Phone	Cell Phone Other Phone

Emergency Contact #2 (REQUIRED)

Name	Relationship
Address	City/State/Zip
Primary Phone	Cell Phone Other Phone

~ ~ Please Complete Reverse Side ~ ~

~ ~ Please Complete Reverse Side ~ ~

GUARDIAN

Every Veteran flies with a trained Guardian responsible for the Veteran's comfort, logistics, mobility and safety.

You may request a specific Guardian but are under no obligation to do that. We will be happy to assign a qualified Guardian from our volunteer pool. Guardians must be able-bodied, between the ages of 18 and 70 years old, and a non-spouse or significant other of the Veteran (no exceptions!). All Guardians are required to complete a 2 hour telephone training course prior to the flight.

I request a specific Guardian ☐ YES ☐ NO

Guardian's Name	Guardian's Phone(s)
Guardian's Email	Relationship to Veteran

MEDICAL DATA

You must answer all questions so LLHF can assess needed support and safety during the trip. Information provided will not normally disqualify you for an Honor Flight.

YES NO

- ☐ ☐ Do you use Mobility Equipment? If "yes" ☐ Cane only ☐ Walker ☐ Wheelchair / Scooter
- ☐ ☐ Are you able to climb 7 bus steps with a railing and assistance?
- ☐ ☐ If you use a wheelchair/scooter the majority of the time, are you able to transfer from your wheelchair to a bus/plane seat on your own (with assistance)?
- ☐ ☐ Will you need to use oxygen on Flight Day? *Instructions will be provided when you are booked on a flight.*
- ☐ ☐ Are you diabetic? *You must be able to attend to your own insulin needs*
- ☐ ☐ Do you have a defibrillator or heart pacemaker implanted?
- ☐ ☐ Do you have a ____ urostomy or ____ colostomy or ____ ileostomy bag? *If "yes", you must be able to independently care for this condition. LLHF does not provide personalized medical care.*
- ☐ ☐ List all food allergies: _____

Please list any condition not mentioned above which might limit your ability to travel safely on an airplane or bus or your overall ability to participate during the day.

REQUIRED RELEASES

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of a flight, the undersigned acknowledges and agrees that all information provided on this application is as accurate as possible.

1. I agree that medical insurance is the responsibility of the Veteran and I understand that neither Honor Flight nor the transportation operators provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight transportation providers, 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.

2. Photographic and video equipment may be used on Honor Flight events. I hereby release the photographer and Honor Flight from all claims and liabilities relating to said photographs. I hereby give permission for my images captured during Honor Flight activities to be used solely for the purposes of Honor Flight promotional material and publications and waive any rights, compensation or ownership thereto. I agree my name, dates of service, phone number and town of residence may be released to legitimate media organizations and representatives.

3. Honor Flight has the exclusive authority to decide the order and who is allowed to take an Honor Flight trip. I understand due to circumstances of safety, security, capacity or other reasons, I may be refused or denied participation on a flight.

4. A veteran may only participate on one Honor Flight. If you have already flown with any hub, you are not eligible to fly with Land of Lincoln Honor Flight.

SIGNATURE: _____

DATE: _____

Mail this form to: **Land of Lincoln Honor Flight 1523 S Willemore Ave Springfield IL 62704**