



Honor Flight Use Only: \_\_\_\_\_

## Land of Lincoln Honor Flight **VETERAN** Application (R2023)

57 Country Place; Springfield, IL 62703

Land of Lincoln Honor Flight recognizes our World War II, Korean Era and Vietnam Era veterans for their service by providing a round trip to Washington, DC at no cost to the veteran.

For more information, contact us at 217-652-4719, email [jmb4604@aol.com](mailto:jmb4604@aol.com) or [www.LandofLincolnHonorFlight.org](http://www.LandofLincolnHonorFlight.org).

**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	Cell Phone	
Email Address				Other Phone	

### SERVICE HISTORY

World War II (enlisted by 12/31/1946)      Dates of service: 19\_\_\_\_ to 19\_\_\_\_  
 Korean War Era (01/01/47 - 12/31/57)      Type of discharge: \_\_\_\_\_  
 Vietnam War Era (01/01/58 - 05/07/75)      Highest rank: \_\_\_\_\_  
 US Air Force  
  US Army  
  US Marines  
  US Navy  
  Coast Guard

Did you serve in a combat zone?  
 YES  
 NO

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

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

### REQUIRED EMERGENCY CONTACT INFORMATION

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

Emergency Contact #1		
Name		Relationship
Address		City/State/Zip
Primary Phone	Cell Phone	Other Phone
Emergency Contact #2		
Name		Relationship
Address		City/State/Zip
Primary Phone	Cell Phone	Other Phone

~ ~ Please Complete Reverse Side ~ ~

~ ~ Please Complete Reverse Side ~ ~

**GUARDIAN**

Every Veteran is assigned 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 so; 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 90 minute telephone training course prior to the flight and complete pre-flight duties.

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.

**YES NO**

Do you use Mobility Equipment? If "yes"  Cane only  Walker  Wheelchair / Scooter

If "yes" to above:

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? **LLHF does not provide personalized medical care.**

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.*

Are you allergic to certain drugs, food, etc.? If "yes" please list: \_\_\_\_\_

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 further 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, staff, volunteers or passengers or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries, illnesses or health conditions 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.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Mail this form to: **Land of Lincoln Honor Flight 57 Country Place Springfield IL 62703**