



FOR HONOR FLIGHT USE ONLY: LN: _____ DR: _____

Land of Lincoln Honor Flight Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from all wars. In the future, *Honor Flight* will be expanded to include Korean and Vietnam veterans. In order 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 contact us at (314) 427-2317 or (217) 622-1473 or visit us at: <http://www.landoflincolnhonorflight.org>

YOUR NAME: _____ NICK NAME: _____
(as it appears on your photo ID or driver's license) (if applicable)

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS (if you check your email): _____

GENDER _____ WEIGHT _____ AGE: _____ DATE OF BIRTH: _____

TEE SHIRT SIZE (circle): S, M, L, XL, XXL, XXXL PREFERRED DEPARTING AIRPORT: _____

EMERGENCY CONTACT INFORMATION (this person must be available the day you travel):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

ALTERNATE CONTACT – NOT A SPOUSE (son, daughter, grandchild, good friend, etc):

Name: _____ Relationship: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Is there another WWII veteran you would like to fly with? If so, who? Their address?

Is there a person who you would like to be your guardian? If so, who? Their address and phone number? If not, we have trained people who have volunteered to be guardians and would be happy to assist you. Spouses of veterans cannot be guardians and guardians must be at least eighteen years old.

(Every effort will be made to comply with your requests, but we cannot guarantee this will happen.)

HOW DID YOU HEAR ABOUT HONOR FLIGHT?

SERVICE HISTORY: BRANCH: _____ RANK: _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII:

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL.

1. Are you a diabetic?

If yes, how is it controlled? Diet Oral medication insulin NEXT PAGE (OVER)

Do you

2. have a problem walking the length of a football field without assistance?.....YES NO
If YES, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

3. use mobility equipment?.....YES NO If YES, what?CANE WALKER WHEELCHAIR SCOOTER

4. have any drug allergies? YES NO If YES, to what? _____

5. have any breathing problems..... YES NO If YES, please describe:

6. have a history of seizure? YES NO If YES, when was your last seizure? _____
What type (i.e. grand mal, petit mal, other) _____

If within past 5 years, we STRONGLY advise you to discuss the trip with your private physician!

7. have problems with motion sickness (sea or air)..... YES NO

If YES, is it controlled with medications?

If not controlled with medications, it is STRONGLY advised that you discuss the trip with your doctor!

8. use a home nebulizer machine..... YES NO

If YES, you are STRONGLY encouraged to discuss the trip with your doctor concerning the use of portable hand-held nebulizers during the trip.

9. use oxygen at any time? YES NO

If YES, you will need your doctor to write a prescription for oxygen to be used during the flight and during the tour. The prescription should be turned in with the application. Oxygen will be provided.

10. have a history of open head injuries, sinus problems, or ear problems? YES NO

If YES, have you flown since any of these problems occurred?

If YES, did you have any problems?

If YES, OR IF YOU HAVE NEVER FLOWN SINCE THE PROBLEM, it is STRONGLY advised you discuss the trip with your doctor.

11. 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 doctor.

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document 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 hereby 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 veteran 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 Network 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: ____/____/____

Please submit this form to: Land of Lincoln Honor Flight, Inc.

Attn: Ray Wiedle
10912 St. Francis Lane
St. Ann, MO 63704