

FOR HONOR FLIGHT USE ONLY LN: _____ DR: ___/___/___ AG: _____

VETERAN APPLICATION



The Mission of **Wiregrass Honor Flight** is to honor WWII, Korea, and Vietnam Era and terminally ill Veterans from any service period (physician statement required) with a trip to Washington, DC to see their memorial **free** of charge. Top priority is given to WWII and terminally ill veterans. In order for **Wiregrass 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. **Veteran must bring a government issued I.D. on flight day.**

NOTE: If you have previously flown as a veteran on an Honor Flight with any Hub, you are not eligible for a Wiregrass Honor Flight at this time. We thank you for your service!

Name:* _____ Nickname: _____
Print First, MIDDLE and Last As It Appears On Your ID For Program Badge

Address:* _____

City:* _____ County:* _____ State: * _____ Zip: * _____

Phone (Main): * _____ Mobile Phone: _____

Email:* _____ Date of Birth:* _____ Gender* (circle): M F

Height:* _____ Weight:* _____ Shirt Size (circle one):* S M L XL XXL XXXL

Guardian Request: _____ Relationship: _____

Guardians must be between 18-70 years of age and **cannot be a spouse/partner/significant other.**

Guardians must submit a Guardian application, attend guardian training and pay a guardian fee to cover their own expenses.

PRIMARY EMERGENCY CONTACT INFORMATION *(someone available the day you travel):*

Name: * _____ Relationship: * _____

Phone (Main): * _____ Mobile Phone: _____

Email: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT *(son, daughter, etc.):*

Name: * _____ Relationship* _____

Phone (Main): * _____ Mobile Phone: _____

Email: _____

SERVICE HISTORY: - DD214 or Military Discharge Required | www.archives.gov/veterans/military-service-records

Branch of Service*(circle): Air Force Army Coast Guard Marines Merchant Marines Navy

War Conflict*(check): ___ WWII Dec. 7, 1941 – Dec. 31, 1946 ___ Korean War June 27, 1950 – Jan. 31, 1955

___ Vietnam War Aug 5, 1964 – May 7, 1975 Other(s): _____

Theater(s): _____ (In country or in conflict is not required)

Service Began:* _____ Discharge Date:* _____ Rank: _____

Activities During Military Service: _____

Interesting Experiences During Your Service: _____

PLEASE COMPLETE PAGE 2

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

Please circle any mobility equipment used: Cane Walker Wheelchair Wide Wheelchair Scooter

If wheelchair/scooter is selected, do you require a wheelchair, (*circle one*): Yes or No

Are you able to transfer out of, walk, ascend, and descend a tour bus with assistance? Yes or No

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS:

Do you use oxygen at any time? **YES NO** If YES, when chosen for a flight you will need your private physician to write a prescription for oxygen to be used during the flight and the tour day which will be reviewed by our medical team. Oxygen will be provided.

Do you have any drug allergies? **YES NO** If YES, please list _____

Do you have a history of seizure? **YES NO** Please describe what type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____. If within past 5 years, **STRONGLY** advised you discuss trip with your private physician!

Do you have problems with motion sickness (sea or air)? **YES NO**. If yes, is it controlled with medications? **YES NO**

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

Do you have any breathing problems? **YES NO** If YES, please describe: _____

Do you use a home nebulizer machine? **YES NO** If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you have a problem walking the length of a football field without assistance? **YES NO**

Do you have a history of open head injuries, sinus problems, or ear problems? **YES NO** If YES, have you flown since the open head injury, sinus or ear problems occurred? **YES NO** If YES, did you have any problems? **YES NO** If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

Do you 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 private physician.

Do you have a pacemaker? **YES NO** Are you a diabetic? **YES NO**

Do you have any special dietary needs/requirements? **YES NO** If YES, Please list/explain: _____

Other accommodations required: _____

How did you hear about Wiregrass Honor Flight? ___ Radio ___TV ___ Referral ___ Social Media

___ Word of Mouth ___ Signup Event ___ Search Engine (Google, Bing, etc) Other: _____

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

1. As photographic and video equipment are frequently used to memorialize and document **Wiregrass Honor Flight** trips and events, my image may appear in a public forum - such as the media or a website - to acknowledge, promote or advance the work of the **Wiregrass Honor Flight** program. I hereby release the photographer and **Wiregrass Honor Flight** from all claims and liabilities relating to said photographs. I hereby give permission for my images captured during **Wiregrass Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Wiregrass Honor Flight** promotional materials and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is my responsibility as the Veteran and I understand that neither **Wiregrass 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 **Wiregrass Honor Flight**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Wiregrass Honor Flight** responsible for any injuries incurred by me while participating in the **Wiregrass Honor Flight** program.

Have you ever flown as a Veteran on an Honor Flight at any time in the past with any Honor Flight Organization? **YES NO**

If unable or unwilling to fly to Washington, DC, we offer a Virtual Honor Flight alternative – Do you require that? **YES NO**

SIGNED: _____

DATE: ____/____/____

Please complete and mail this form to:

Wiregrass Honor Flight
ATTN: Veteran Application
106 Deer Run Strut
Enterprise, AL 36330-7812

Or complete, scan and email to: whfveterans@gmail.com

Website: www.WiregrassHonorFlight.com
Information Line: 334-494-7846