

VETERAN APPLICATION



Honor Flight Maryland recognizes American Veterans for your sacrifices and achievements by taking you to Washington DC to see YOUR memorials at no cost. Honor Flight Maryland accepts all veteran applications, regardless of combat or tour status. Top priority is given to WWII and terminally ill Veterans from all wars. For Honor Flight Maryland to achieve this goal, guardians go with the Veterans on every trip 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 Maryland. For further information, please contact us at (443) 873-0874 or visit us at www.HonorFlightMD.org.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

(PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE OR GOVERNMENT ID)

NICK NAME: _____ (If Applicable) GENDER: M F

ADDRESS: _____ CITY: _____

COUNTY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

E-MAIL ADDRESS: _____ DOB: _____ AGE: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

TEE SHIRT SIZE: S M L XL XXL XXXL

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

GUARDIAN

SPOUSES CANNOT BE GUARDIANS UNLESS: VETERAN OR MEDICALLY DEPENDANT (CALL FOR DETAILS)

GUARDIAN'S PAY THEIR OWN TRAVEL COSTS.

ARE YOU TAKING A GUARDIAN WITH YOU? **YES NO** DID THEY COMPLETE THE GUARDIAN APPLICATION? **YES NO**

NAME: _____ RELATION: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

SERVICE HISTORY

BRANCH OF SERVICE: MARINES --- ARMY --- ARMY AIR CORPS --- NAVY --- AIR FORCE --- COAST GUARD

RANK: _____ YEARS OF SERVICE: _____ HOME TOWN: _____

SERVED DURING: (MARK ALL THAT APPLY)

WWII KOREA VIETNAM DESERT STORM/GULF IRAQ AFGAN

MEDICAL INFORMATION

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

MEDICATION

DOSE & HOW OFTEN?

MEDICATION

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HONOR FLIGHT USE ONLY: NAME: _____ DATE RECEIVED: _____

PLEASE COMPLETELY ANSWER THE FOLLOWING FOR VETERAN APPLICATION

DO YOU USE MOBILITY EQUIPMENT? **YES NO** (IF YES) TYPE? WHEELCHAIR --- CANE --- WALKER --- SCOOTER

ALLERGIES? **YES NO** LIST: _____

SEIZURES? **YES NO** TYPE: GRAND MAL --- PETIT MAL --- OTHER: _____

DATE OF LAST SEIZURE? _____ (IF WITHIN LAST 5 YEARS, DISCUSS TRIP WITH YOUR PHYSICIAN)

BREATHING PROBLEMS? **YES NO** PLEASE DESCRIBE: _____

HOME NEBULIZER MACHINE? **YES NO**

MOTION SICKNESS? **YES NO** CAN IT BE CONTROLLED BY MEDICATION? **YES NO**
(IF NO, WE STRONGLY ADVISE YOU TO DISCUSS TRIP WITH YOUR PHYSICIAN)

USE OF OXYGEN? **YES NO** (IF YES, DISCUSS TRIP WITH YOUR PHYSICIAN FOR A PRESCRIPTION FOR OXYGEN.)
TURN IN PRESCRIPTION WITH APPLICATION. OXYGEN WILL BE PROVIDED.

CAN YOU WALK THE 100 YARDS WITH NO ASSISTANCE? **YES NO** (IF NO, PLEASE DESCRIBE THE REASON? (LUNGS, HEART, ARTHRITIS, LEGS, ETC: _____)

HAVE YOU HAD HEAD INJURIES? **YES NO** DO YOU HAVE ANY EAR ISSUES? **YES NO**

DO YOU HAVE SINUS ISSUES? **YES NO**

HAVE YOU FLOWN SINCE HEAD, SINUS OR EAR PROBLEM OCCURRED? **YES NO**

DID YOU HAVE PROBLEMS? **YES NO** (IF YES, WE STRONGLY ADVISE YOU DISCUSS TRIP WITH YOU PHYSICIAN)

DO YOU HAVE AN COLOSTOMY OR UROSTOMY BAG? **YES NO** (IF YES, PLEASE MAKE SURE THE BAG IS VENTED PRIOR TO FLIGHT. IF YOU ARE NOT SURE YOUR BAG HAS A VENT, WE STRONGLY ADVISE YOU ASK YOUR PHYSICIAN)

ADDITIONAL COMMENTS OR CONCERNS: _____

PLEASE REVIEW CAREFULLY BEFORE SIGNING

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, guardian or volunteer and I understand that neither Honor Flight nor the hired bus company 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 hired bus company, 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.

SIGNATURE: _____ DATE: _____

(E-MAILED APPLICANTS MUST SIGN PRIOR TO ACTUAL TRIP)

PLEASE SUBMIT FORM TO:

HONOR FLIGHT MARYLAND, INC.

5427 Talon Court

Clarksville, MD 21029

(443) 873-0874

Please email if at all possible to:

APPLICATIONS@HONORFLIGHTMD.ORG