



For Honor Flight Use Only: Last Name: _____ Date Received: _____

Veteran Application

Never Forgotten Honor Flight recognizes you for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorials **at no cost**. In order for **Never Forgotten 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 **Never Forgotten Honor Flight**. For further information, please contact us at (715)573-8519 or visit us at www.neverforgottenhonorflight.org.

We are currently accepting applications for WWII, Korean and Vietnam Veterans (see eligibility dates on page 3). Priority is given to WWII veterans and any veteran with a terminal illness, followed by Korean Veterans, then Vietnam Veterans. All **Never Forgotten Honor Flights** depart from Central Wisconsin Airport (CWA), Mosinee, WI.

NAME (please enter your full middle name and any titles that are a legal part of your name such as Jr., Sr., etc. If you have no middle name please write "none")						
First		Middle Name			Last	
Nick Name (if applicable)				GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>		
ADDRESS						
CITY		COUNTY		STATE		ZIP
PHONE	Day		Evening		Cell	
EMAIL ADDRESS (if applicable)						
WEIGHT		BIRTHDAY Month/Day/Year			AGE	
TEE SHIRT SIZE (circle)		S	M	L	XL	2X 3X
HOW DID YOU HEAR ABOUT HONOR FLIGHT?						

SERVICE HISTORY

HOMETOWN (When you entered the service)		City	State
Branch of Service (mark with "X")	Army	Navy	Marines
	Army Air Corp Air Force	Coast Guard	Merchant Marines
Time of Service (mark with "X")	WWII	Korea	Vietnam Era
Dates of Service (as much as is known, see page 3 for eligibility dates) From _____ To _____			Rank
Where Did You Serve?			
Activity During the War			

Your Name: _____

(First)

(Middle Name)

(Last)

MEDICAL INFORMATION: Information provided will not disqualify you from taking the trip. It permits us to assess the support we need during the trip. Information is for Honor Flight and Medical Personnel only. Please use the back of this form if you need more space to comment on a medical condition. If you have concerns regarding any of your medical issues, we strongly advise you to discuss the trip with your private physician.

	Yes	No	If Yes,
Do you use mobility equipment?			Please check the device Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/>
Would it be difficult for you to walk the length of football field unassisted?			Please describe the reason (e.g. lung problem, arthritis, heart problems, etc)
Are you confined to a wheelchair?			Can you take a few steps with assistance to a bus seat? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have diabetes?			Do you take diabetes medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, injected <input type="checkbox"/> or oral <input type="checkbox"/> ?
Do you have a urostomy or colostomy bag?			Please specify If yes, please make sure the bag is vented prior to flight.
Do you have a history of seizures? (e.g., grand mal, petit mal, other)			Please describe When was your last seizure?
Do you have any breathing problems?			Please describe
Do you use a home nebulizer machine?			If yes, will you need to use portable, hand-held nebulizers during the trip? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use oxygen at any time?			If yes, do you use it ALWAYS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you use it at NIGHT ONLY Yes <input type="checkbox"/> No <input type="checkbox"/> Your private physician must write a prescription for oxygen to be used during the trip. We will provide the oxygen.
Do you have a history of open head injuries, sinus problems, or ear problems? (circle which ones, if any)			Have you flown since the problem occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, did you have any problems? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe <input type="checkbox"/> <input type="checkbox"/>
Do you have any drug allergies?			Please list
Has your doctor indicated that you have dementia or Alzheimers? (please describe)			
Additional health concerns (please describe)			

MEDICATIONS*

Medication Taken _____ Time of Day _____

Medication Taken _____ Time of Day _____

***attach separate sheet if necessary**

Signature _____ Date _____

CONTACT INFORMATION

Family or Friend Contact (someone at a different phone number)		
Name		Relationship
Email	Phone	Cell Phone
Emergency Contact (Someone available the day you travel) NOT FAMILY OR FRIEND CONTACT		
Name		Relationship
Phone	Cell Phone	

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Never Forgotten 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 Never Forgotten Honor Flight program. I hereby release the photographer and Never Forgotten Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Never Forgotten Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Never Forgotten Honor Flight promotional material and publications and waive any rights of compensation or ownership thereto. I further consent to my name and telephone number being given to news media to allow them to contact me for interviews. I understand I do not have to consent to be interviewed by the news media if I do not wish to do so.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Never Forgotten Honor Flight nor the provider of free private/airline aircraft (the flight provider) provides medical care. I understand that I accept all risk associated with travel and other Honor Flight Network Activities and will not hold Never Forgotten Honor Flight, the flight provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Never Forgotten Honor Flight responsible for any injuries incurred by me while participating in the Never Forgotten Honor Flight program.

You are NOT required to provide your own guardian, since we have a long list of guardians on our waitlist. However, if you would like to travel with a specific Guardian, i.e. friend or family member, please print the name of the Guardian: _____

(Please note: A completed Guardian application* must be submitted from the person you indicated above, for them to be considered as your guardian. *Applicants must be between the ages of 18-69.

Husbands, wives or "significant others" of veterans cannot be their guardians. **If chosen**, guardians will be required to pay the cost of the trip, which is \$500, and attend a mandatory guardian training session.

SIGNED _____ DATE _____

Please submit this form to:

Never Forgotten Honor Flight, Inc. Attn: Veteran Application 4404 Rib Mountain Drive #234 Wausau, WI 54401

Eligibility Dates for Veterans:

Merchant Marines: 12/7/1941 to 8/15/1945 ; WWII: 12/7/1941 to 12/31/1946; Korea: 6/25/1950 to 1/31/1955; Vietnam Era: 2/28/1961 to 5/7/1975