



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.

We reserve the right to reject any applicant who does not meet application requirements, lives outside NFHF's area of responsibility or at the discretion of the NFHF Board of Directors.

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")								<input type="checkbox"/>	<input type="checkbox"/>
First		Middle Name			Last				
Nick Name (if applicable)						GENDER		Male	Female
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
Dates of Service (as much as is known, see page 4 for eligibility dates)			Rank
From		To	
Where Did You Serve?			

Additional health concerns (please describe)

MEDICATIONS (attach separate sheet if necessary)

Medication Taken Time of Day Medication Taken Time of Day

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 the same contact as above		
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 (OTHER THAN A SPOUSE OR SIGNIFICANT OTHER), please print the name of the Guardian: _____

(Please note: A completed Guardian application must be submitted from that person for them to be considered as your guardian and we must receive the guardian application before you are called for your flight. Applicants must be between the ages of 18-69. Husbands, wives or "significant others" of veterans cannot be their guardian or fly on their flight as someone else's guardian. ***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 225780 Rib Mountain Drive #234 Wausau, WI 54401

If you served Honorably on ACTIVE DUTY, in the RESERVES, NATIONAL GUARD OR INACTIVE CLASS 3 RESERVES (IRR) anywhere at any time, in any branch of Service, BEFORE May 7, 1975, you are eligible for the Never Forgotten Honor Flight.

Beginning May of 2025 and beyond, please be aware that Transportation Security Administration will require all air travelers to have an ID that meets "real ID" requirements in order to pass through security and board any commercial aircraft, including Honor Flights. A "Real ID" is a valid Wisconsin Driver's License with a STAR in the upper right-hand corner; or if you have a current USA passport or Military Retiree ID, they also qualify as a "Real ID". *It currently could take up to 90 days to receive a new "Real ID" driver's license.* Please note: VA medical cards DO NOT meet "Real ID" TSA requirements. For complete information on Real ID Requirements please go to the following web page.

<https://www.tsa.gov/real-id>