

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. <u>All *Never Forgotten Honor Flights depart*</u> from Central Wisconsin <u>Airport (CWA), Mosinee, WI.</u>

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")													
First			Middle Name					Last					
Nick Name (if applicable)								GENDER Male Female					
ADDRESS													
СІТҮ			COUNTY S				STAT	STATE			ZIP		
PHONE	Day	Evening					Cell						
EMAIL ADDRESS (if applicable)													
WEIGHT BIRTHDAY MO			onth/Day/Year					AGE					
TEE SHIRT SIZE (circle)			S		М		-		XL		2X	(1)	3X
HOW DID YOU HEAR ABOUT HONOR FLIGHT?													

SERVICE HISTORY

HOMETOWN (When you entered the service)		City	State	
Branch of Service	Army	Navy	Marines	
(mark with "X")	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		Kank		
Where Did You Serve?				

Activity During Your Service

CHECK ALL THAT ARE APPLICABLE (ALL ARE ELIGIBLE)

- 1. ____ACTIVE DUTY
- 2. ACTIVE RESERVES
- NATIONAL GUARD 3.
- 4. ____ INACTIVE READY RESERVE (IRR)

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 Walker Wheelchair Scoote
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 5 steps, with rails & assistance, to entera
Do you have diabetes?			Do you take diabetes medication? Yes No If yes, injected or oral?
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 No
Do you use oxygen at any time?			If yes, do you use it ALWAYS? Yes No If yes, do you use it at NIGHT ONLY Yes No 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 No If yes, did you have any problems? Yes No If yes, please describe
Do you have any drug allergies?			Please list
Has your doctor indicated that you have de	mentia	or Alzh	eimer's? (please describe)

Has your doctor indicated that you have dementia or Alzheimer's? (please describe)

MEDICATIONS (attach separate sheet if necessary)

Medication Taken Time of Day			Medication Tal	ken Time of Day				
Signature			Date					
Family or Friend Co		at a different pho	one number)					
Name				Relatio	nship			
Email		Phone		Cell Ph	none			
Emergency Contact	t (Someone availa	ble the day you	travel) Not the	same	contact as above			
Name				Relatio	nship			

PLEASE REVIEW CAREFULLY AND SIGN:

Phone

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.

Cell Phone

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: <u>VA medical cards DO NOT meet "Real ID" TSA requirements.</u> For complete information on Real ID Requirements please go to the following web page.

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