



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](http://www.neverforgottenhonorflight.org).

**We are currently accepting applications for Veterans that served PRIOR TO May 7, 1975.**

**All *Never Forgotten Honor Flights* *d e p a r t* 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.*

<b>NAME (AS IT APPEARS ON YOUR DRIVERS LICENSE)</b> 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"/>							
<b>First</b>		<b>Middle Name</b>			<b>Last</b>		
<b>Nick Name</b> (if applicable)					<b>GENDER</b>		<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>ADDRESS</b>							
<b>CITY</b>		<b>COUNTY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>PHONE</b>	Day		Evening		Cell		
<b>EMAIL ADDRESS</b> (if applicable)							
<b>WEIGHT</b>		<b>BIRTHDAY</b> Month/Day/Year				<b>AGE</b>	
<b>TEE SHIRT SIZE</b> (circle)		S	M	L	XL	2X	3X
<b>HOW DID YOU HEAR ABOUT HONOR FLIGHT?</b>							

### SERVICE HISTORY

<b>HOMETOWN</b> (When you entered the service)		<b>City</b>	<b>State</b>
<b>Branch of Service</b> (mark with "X")	Army	Navy	Marines
	Army Air Corp Air Force	Coast Guard	Merchant Marines
<b>Dates of Service</b> (as much as is known, see page 4 for eligibility dates) <b>From</b> _____ <b>To</b> _____			<b>Rank</b>
<b>Where Did You Serve?</b>			

Activity During Your Service
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**CHECK ALL THAT ARE APPLICABLE (ALL ARE ELIGIBLE)**

1. \_\_\_\_ ACTIVE DUTY
2. \_\_\_\_ ACTIVE RESERVES
3. \_\_\_\_ NATIONAL GUARD
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 <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 5 steps, with rails & assistance, to enter a bus? <input type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/> <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
Do you have any drug allergies?			Please list
Has your doctor indicated that you have dementia or Alzheimer's? (please describe)			

Additional health concerns (please describe)

**MEDICATIONS (attach separate sheet if necessary)**

Medication Taken	Time of Day	Medication Taken	Time of Day
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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) <b>Not the same contact as above</b>		
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 & fundraisers to allow them to contact me for interviews & invitations to fundraising events. I understand I do not have to consent to be interviewed by the news media or attend fundraising events if I do not wish to do so. I also consent the use of my name, city & branch of service to be used on our website for veteran waitlists & flight rosters, unless I specifically request that information not be published.
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>**

***Mail completed application to: Never Forgotten Honor Flight C/O Veteran Application, 225780 Rib Mountain Drive #234, Wausau, WI, 54401.***