

LAST NAME: _____ DATE: _____

Honor Flight Bay Area Veteran Application



Honor Flight Bay Area Foundation (herein 'Honor Flight') recognizes America's veterans for their sacrifices and achievements by flying them to Washington D.C. on an all-expenses paid trip to see their memorials. **Due to the large number of veterans applying for this opportunity, we can only take those who have not already seen their memorials.** Top priority is given to WWII and terminally ill veterans from all wars. Veterans are requested to provide Guardians to escort them to provide assistance, and help them to have a safe and rewarding experience however, HFBA will attempt to find a volunteer Guardian if the Veteran cannot supply one.

Please consider this trip a small token of appreciation from all of us at Honor Flight for the service and sacrifices you have given to your country.

For further information please contact us at 408.449.1739 or visit www.honorflightbayarea.org

PRINT YOUR FULL LEGAL NAME: _____ **NICKNAME:** _____

(Print your name as it appears on your driver's license or government ID.)

ADDRESS: _____ **GENDER:** **M** **F**

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

EMAIL ADDRESS: _____ **AGE:** _____ **WEIGHT:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT?

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

ALTERNATE CONTACT (son, daughter, etc.): Name: _____

Phone: _____ **E-mail:** _____ **Relationship:** _____

EMERGENCY CONTACT INFORMATION (someone available during you travel):

Name: _____ **RELATIONSHIP:** _____

Address: _____

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

SERVICE HISTORY:

BRANCH OF SERVICE: _____ **DATES OF SERVICE: From** _____ **to** _____ **CONFLICT:** _____ **RANK:** _____

WWII 1941-1946 Korea 1950-1955 Vietnam 1961-1975 Other: _____

HOMETOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING YOUR SERVICE including where stationed:

Medical Information

The purpose of this form is to provide Honor Flight with information to appropriately assess your needs during the trip. All answers will remain confidential. Please explain your answers. You may write on the back if you need more room. Do you have a history of any of the following?

Allergies such as food, drugs, bee stings, hay, horses, etc.?	Yes	No
Dietary restrictions?	Yes	No
What type of diet are you on?		
Heart problems?	Yes	No
Arrhythmias? Past Heart attack or stroke? Pacemaker?		
Lung problems?	Yes	No
Do you use oxygen continuously? During the day? Or at night?		
Do you use a CPAP or BiPAP?	Yes	No
Kidney disease requiring dialysis?	Yes	No
If yes, how often?		
Diabetes?	Yes	No
Insulin Pills Diet alone		
Glaucoma, or visual problem?	Yes	No
Are you legally blind?	Yes	No
Hearing problems?	Yes	No
Do you wear hearing aids?	Yes	No
Trouble holding your urine or stool?	Yes	No
Do you wear an ostomy bag?	Yes	No
Seizures?	Yes	No
Memory problems?	Yes	No
Do you use a cane, walker, scooter, wheelchair, to get around? Some of the time? All the time?	Yes	No
Do you have balance problems or history of falls?	Yes	No
Would you like a wheelchair provided for you for this trip?	Yes	No
Are there other medical conditions you have been diagnosed with about which we should know, which might be a problem or concern while on this trip?	Yes	No

WHAT MEDICATIONS, IF ANY, DO YOU TAKE? PLEASE SPECIFY IF NONE ARE TAKEN.

NAME	DOSAGE	WHEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LAST NAME: _____ DATE: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees:

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 medical insurance is the responsibility of the veteran. I understand and I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight*, the airlines, 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.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any Honor Flight activity.
4. I understand viruses (to include influenza and other related coronaviruses) are particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although *Honor Flight* is taking precautions to reduce the spread of viruses★ during our events, it cannot guarantee and has not guaranteed I will not become infected with viruses.★ Further, I understand attending an event could increase my risk of contracting viruses.★ By signing this agreement, I acknowledge the contagious nature of viruses and voluntarily assume the risk I might be exposed to or infected with viruses★ by attending an event.

★To include influenza and other related coronaviruses.

SIGNATURE: _____ DATE: _____

(Applicants will be required to sign an additional covenant prior to actual flight date)

If you have someone, other than your spouse*, who would like to accompany you, please have him or her fill out a guardian application indicating the desire to travel with you.

*Note: Spouses are not permitted to act as the Guardian for the Veteran traveling with Honor Flight.

Please print and mail this form to: **Honor Flight Bay Area Foundation**
c/o General Electric
m/c HFBAF
1990 Little Orchard St
San Jose, CA 95125