

Honor Flight Northern Colorado Veteran Application

Honor Flight Northern Colorado recognizes America's veterans for your service and sacrifices by flying you to Washington, D. C. to see **YOUR** memorials built in **YOUR** honor - **at no cost to you.**

Terminally ill Vets receive the highest priority, otherwise priority is given in the following order. Service must have occurred within the following Department Of Defense established dates of each conflict.

1) World War II - service prior to January 1, 1947

2) Purple Heart Recipients from any conflict

(Application must be accompanied by a copy of your DD214, official orders for the award, **or** the official citation)

3) Korean War - service between June 27, 1950 & January 31, 1955

4) Vietnam War - Service In Country between February 28, 1961 & May 7, 1975; All others August 5, 1964 to May 7, 1975

(Applications must be accompanied by a copy of your DD214 to be considered. Northern Colorado vets considered first.)

*** Terminally ill vets or their representatives should contact Stan Cass: (970) 454-5660 or Lee Seward: (970) 834-0216**

VETERAN INFORMATION

First Name: Initial: Last Name:

(As it appears on your picture ID, for airline travel and security purposes)

Date of Birth: Age: Nickname:

Address:

City: State: Zip:

PHONE: Daytime: Evening: Cell:

Email:

SEX: Male Female

T-SHIRT SIZE:

S M L
 XL XXL XXXL

NOTE:

(Men's jacket size will match T-Shirt size. Women, please specify a separate jacket size.)

WOMEN'S JACKET SIZE

S M L
 XL XXL XXXL

YOUR SERVICE HISTORY

Dates or Periods of Service: Rank: Branch:

Briefly describe your service during WWII, Korea or Vietnam; or at the time you received a Purple Heart

Description:

EMERGENCY CONTACT INFORMATION

Name: Relationship:

Address:

City: State: Zip:

PHONE: Daytime: Evening: Cell:

TRAVEL COMPANIONS?

Are you intending to travel with another Veteran who is submitting an application? Yes No

If yes, their name: * Requires a separate Veteran application.

Do you have family or friends who are volunteering to serve as a Guardian on your trip? Yes No

NOTE: Spouses are not allowed to travel as guardians for their husbands/wives

If yes, their name: * Requires a separate Guardian application

Vet Name:

MEDICAL INFORMATION

Are you terminally ill? Yes No

THE MEDICAL INFORMATION YOU PROVIDE HERE WILL NOT BE USED TO DISQUALIFY YOU. RATHER, IT PERMITS US TO DETERMINE THE SUPPORT YOU WILL NEED DURING THE TRIP. THIS INFORMATION WILL BE USED BY HONOR FLIGHT AND OUR MEDICAL VOLUNTEERS ONLY; YOUR PRIVACY WILL BE RESPECTED.

MEDICATIONS:

Med 1:

Med 2:

Med 3:

Med 4:

Med 5:

Med 6:

Med 7:

Med 8:

Med 9:

Med 10:

Do you have any drug allergies? Yes No

If yes, to what?

Do you have a history of seizures? Yes No

If yes, what type?

When was your last seizure?

** If within the last 5 years, we STRONGLY advise you to discuss this trip with your doctor.*

Do you have a problem walking 100 - 200 yards without assistance? Yes No

If yes, please describe the reason

Do you use mobility equipment? Yes No

If yes please select the device you use Cane Walker Wheel Chair Scooter

Do you have problems with motion sickness? Yes No

If yes, is it controlled with medication? Yes No

** If you have problems that are not controlled by medication, we STRONGLY advise you to discuss this trip with your doctor.*

Do you have breathing problems? Yes No

If yes, Please describe

Do you use a home nebulizer? Yes No

** If yes, we STRONGLY advise you to discuss this trip with your doctor concerning the use of a hand-held nebulizer during the trip*

Do you use oxygen at any time? Yes No

Oxygen Provider

If yes, describe when

*Oxygen will be provided; but **you must provide a copy of your prescription** with this application. We will then be able to supply the oxygen you need for the flights and while you are in Washington, D.C.*

Do you have any open head wounds, sinus problems, or ear problems? Yes No

If yes, have you flown since these problems began to occur? Yes No

If yes, did you have any problems flying? Yes No

** Please discuss this trip with your doctor if you have not flown since these problems have occurred.*

Do you use a urostomy or colostomy bag? Yes No

** If you do not know if your bag is vented, please check with your doctor prior to the trip.*

PLEASE REVIEW CAREFULLY AND SIGN

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor flight, your image may appear in public forums, such as the media or our website. By signing below, you release the photographer and Honor Flight Northern Colorado from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of Honor Flight Northern Colorado promotional material and publications and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand that medical expenses will be your responsibility and that you understand that Honor Flight Northern Colorado does NOT provide medical care. Also, you understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold Honor Flight Northern Colorado liable for injuries, accidents, or illness sustained while participating in the program.

Also, the Honor Flight trips begin and end at locations designated by Honor Flight Northern Colorado, currently the Embassy Suites Hotel in Loveland, CO, and all veterans are required to participate in the entire trip.

Veteran's Signature: _____ Date: _____

All Forms must be signed and dated before mailing to Honor Flight Northern Colorado

Mail your application to:

**Honor Flight Northern Colorado
P.O. Box 363
Ault, CO 80610-0363**

You can learn more about Honor Flight Northern Colorado at our web site:

<http://www.honorflightnortherncolorado.org>

For questions about your Honor Flight trip and what to expect call:

President Stan Cass (970) 454-5660 or Vice President Lee Seward: (970) 834-0216

*** Terminally ill vets or their representatives should contact us at one of the numbers above.**