

Veteran's Name _____

VETERAN CONTACTS

Spouse

Name _____
Street Address _____
City _____ State _____ ZIP _____
Primary Phone _____ Cell Phone _____
Email Address _____

In case of Emergency, call (someone available the day you travel and not traveling with you)

Name _____ Relationship _____
Street Address _____
City _____ State _____ ZIP _____
Primary Phone _____ Cell Phone _____
Email Address _____

If you would like to have a specific relative or friend serve as your Guardian Escort, please provide his/her name and phone number. (Must be the age of 18 and able to handle the rigors of the day). He/she must submit a Guardian application and pay guardian fees. (available at www.swflhonorflight.org).

Requested Guardian Name _____ Phone _____
Relationship of Guardian _____
Email Address _____

If you wish to experience your trip to Washington, D.C. with a Veteran buddy, please list his/her name and phone number. Your Buddy must also submit an application and we suggest submitting your applications together.

Veteran Buddy's Name _____ Buddy's Phone _____

Veteran's Name _____

VETERAN MEDICAL INFORMATION

- Please list any chronic illnesses (i.e., cancer, Parkinson's, heart issues, etc.) and the date of diagnosis:
(*Information is for scheduling purposes and does not exclude you from a trip.*)

- Do you normally use mobility assistance? Wheelchair Walker Cane None

Note: We provide a wheelchair for every Veteran and will not take a personal wheelchair, walker, or Motorized Unit on the trip. You may bring a personal cane if desired.

- Are you able to go up/down 6 steps to get on/off the bus with help? No Yes

- Do you have a history of Epilepsy or seizures? Yes No

If Yes, please describe: (i.e., grand mal, petit mal, other) _____

When was your last seizure? _____

- Have you had a stroke? Yes No

If Yes, when? _____

- Are you short of breath after exerting yourself? Yes No

- Do you carry an inhaler? Yes No

- Do you use Oxygen at any time? Part time Full time No

- Do you have kidney problems? Yes No

- Are you on dialysis? Yes No

- Do you have a urostomy or colostomy bag? Yes No

Note: If Yes, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, you must discuss the issue with your private physician.

- Are you Diabetic? Yes, diet controlled Yes, Insulin dependent No

- Does your medication require refrigeration? Yes No

- Do you carry glucose with you? Yes No

Note: If you are insulin dependent, your physician must write a prescription for insulin to be used during the trip.

- Do you have a pacemaker/internal defibrillator? Yes, pacemaker Yes, AICD No

- Please list any food or drug allergies: _____

- Please list any other area(s) of concern: _____

- Please list any **dietary restrictions**: _____

Veteran's Name _____

- Are you a Snowbird? Yes No Dates: From _____ To _____
 - Snowbird Address _____
 - Snowbird Phone _____
- How did you find out about Honor Flight? _____

Your application will be entered into our database based on the date received. Priority goes to any terminally ill Veteran, then WWII Vets (service 1948 and earlier), then Korean War Vets (service 1950 – 1955), then Vietnam (service 1955 – 1975), and then any service 1976 to the present.

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility and I understand that Southwest Florida Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Southwest Florida Honor Flight activities and will not hold Southwest Florida Honor Flight staff, Honor Flight volunteers or vendors encountered during related activities responsible for any injuries or illness incurred by me while participating in the Southwest Florida Honor Flight program.
3. As photographic, video, and audio equipment are frequently used to memorialize and document 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 Honor Flight program. I hereby release the videographer/photographer and Southwest Florida Honor Flight from all claims and liability relating to said images. 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 of compensation or ownership thereto.
4. You must attend a **MANDATORY** orientation (generally the Saturday prior to the flight). After submitting an application, you must be approved by SWFL Honor Flight leadership to participate. You will be contacted by a representative so it is important that the above information is legible and accurate.

Please initial that you have included with this application both items:

_____ Copy of DD214 or VA card

_____ Copy of Driver's License or Federal or State-issued ID

Print Your Name _____ Signature _____ Date _____

**We must have all 4 pages completed before your application
will be accepted for consideration.**

You will be contacted to confirm flight date and details by SWFL Honor Flight leadership.

Please Mail this form to:

**Southwest Florida Honor Flight
PO Box 495065
Port Charlotte, FL 33949**

For Honor Flight Use Only:
DL exp. date _____
DD214/VA _____