



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

VETERAN APPLICATION

Southwest Florida Honor Flight wishes to recognize your service by flying you to Washington, D.C. to be honored at your memorials and receive the welcome home you deserve. We fly Veterans at no cost, one time, for your honored flight.

Top priority is given to terminally ill Veterans from any war, World War II Veterans, Korean War Veterans, Vietnam Veterans, and then those from later conflicts. Priority will be based on the receipt date of the application and simply submitting an application does not guarantee you will be on the next flight. Submitting an application ADDS YOUR NAME TO THE WAITLIST. A Guardian Escort accompanies each Veteran to provide assistance and to help ensure a safe, memorable, and rewarding experience. For further information, please email: swflhonorflight@gmail.com or find us on the web at www.swflhonorflight.org.

YOUR INFORMATION

Your Full Name _____ **Badge Nickname** _____

(for airline security and travel purposes, name information must match your driver's license or state issued picture identification)

Street Address _____ **City** _____

County _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

Email Address _____ **Birthdate (mm/dd/yyyy)** _____

T-Shirt Size **S** **M** **L** **XL** **XXL** **XXXL** **Gender:** ☐ **Male** ☐ **Female**

Weight: _____ **lbs**

(We must have this information for the airline manifest)

SERVICE HISTORY

Military Branch: **ARMY** **NAVY** **AIR FORCE** **MARINES** **COAST GUARD**

(please circle the branch (or branches) you have served in)

Rank _____ **Service Dates:** **From** _____ **To** _____

Career Field/Units Assigned/Locations:

Special commendations:

(please list any military honors/medals you received:

Please submit a copy of your DD214 documents or a copy of your VA card AND your Driver's license or state-issued ID card.

Veteran's Name _____

VETERAN CONTACTS

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 _____

GUARDIAN REQUEST

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 _____

We have a pool of volunteers who wish to serve as guardians for our Veterans. You do not need to provide your own. However, if you wish for a specific person to serve as your guardian, it is best that both your Veteran and the Guardian applications are received together to ensure we are aware of your request.

VETERAN BUDDY REQUEST

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 _____

• Are you a Snowbird? ☐ Yes ☐ No Dates: From _____ To _____

– Snowbird Address _____

– Snowbird Phone _____

• How did you find out about Honor Flight? _____

• Please list any food or drug allergies: _____

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

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

- 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

- 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

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

- Please list any other medical concerns we should be aware of:

Your application will be entered into our database based on the date received. and you will be added to the wait list.

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.

I agree to the above and understand I will be added to the wait list by submitting this application:

Print Your Name _____ Signature _____ Date _____

Please initial that you have included or will be sending both items:

_____ Copy of DD214

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

**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**