



# Southwest Florida Honor Flight Veteran Application

For Honor Flight Use Only		
Last Name _____	Date _____	
World War II	Korean War	Vietnam
Snowbird	Guardian	Ops

Southwest Florida Honor Flight wishes to recognize your service by flying you to Washington, D.C. to see your memorials at no cost. 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. 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](mailto:swflhonorflight@gmail.com) or find us on the web at [www.swflhonorflight.org](http://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)*

\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Street Address City County Primary Phone Email Address T-Shirt Size S M  
L XL XXL XXXL Gender: Male Female Weight (must have for airline  
manifest) Height SERVICE HISTORY Hometown Military Branch Rank

\_\_\_\_\_ Service Dates: From \_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_

**Career Field/Units Assigned/Locations INCLUDE any special condemnations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

*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](http://www.swflhonorflight.org)).*

**Requested Guardian Name Phone Relationship of Guardian** \_\_\_\_\_

*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 \_\_\_\_\_

2022

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 \_\_\_\_\_

**Family – Not your spouse**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Friend, Neighbor, or Other Family**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ City \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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.)*

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- 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 food 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_____
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