



## VETERAN APPLICATION

**Honor Flight Columbus** recognizes veterans for their sacrifices and achievements by flying them to Washington, D.C. to see their memorials, at **no cost**. Currently, we are accepting applications from WW II and terminally ill veterans from **all** wars. Guardians fly on every flight, providing assistance and support as needed. **Honor Flight Columbus** provides this trip to WW II veterans in gratitude for their service and sacrifice.

|  |  |                                |              |         |   |            |      |
|--|--|--------------------------------|--------------|---------|---|------------|------|
| <b>YOUR NAME (please copy this information from your government-issued ID)</b> |  |                                |              |         |   |            |      |
| <b>FIRST</b>   |  | <b>MIDDLE</b>                  |              |         | <b>LAST</b>   |            |      |
| <b>NICK NAME</b> (if applicable)   |  |                                |              |         | <b>GENDER</b> Male <input type="checkbox"/> Female <input type="checkbox"/> |            |      |
| <b>WEIGHT</b>  |  | <b>BIRTHDAY</b> Month/Day/Year |              |         |   | <b>AGE</b> |      |
| <b>TEE SHIRT SIZE</b> (mark with "X")  |  | S                              | M            | L       | XL  | XXL        | XXXL |
| <b>ADDRESS</b>   |  |                                |              |         |   |            |      |
| <b>CITY</b>  |  |                                | <b>STATE</b> |         |   | <b>ZIP</b> |      |
| <b>PHONE</b>   |  | Day                            |              | Evening |   | Cell       |      |
| <b>EMAIL ADDRESS</b> (if available)  |  |                                |              |         |   |            |      |
| <b>HOW DID YOU HEAR ABOUT HONOR FLIGHT?</b>                                    |  |                                |              |         |   |            |      |

### SERVICE HISTORY

|   |               |             |             |             |                  |  |  |
|---|---------------|-------------|-------------|-------------|------------------|--|--|
| <b>Hometown</b> (when you entered the service)  |               | <b>City</b> |             |             | <b>State</b>     |  |  |
| <b>Branch of Service</b><br>(mark with "X")     | Army          |             | Navy        |             | Marines          |  |  |
|   | Army Air Corp |             | Coast Guard |             | Merchant Marines |  |  |
| <b>Are you a WW II veteran?</b> (mark with "X") |               | Yes         | No          | <b>Rank</b> |                  |  |  |
| <b>Dates of Service</b> (if known)              |               | From        |             |             | To               |  |  |
| <b>Where Did You Serve?</b>                     |               |             |             |             |                  |  |  |
| <b>Activity during the War</b>                  |               |             |             |             |                  |  |  |

### BUDDIES FLYING TOGETHER

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

|                                      |                             |
|--------------------------------------|-----------------------------|
| <b>Buddy's Name</b> (First and Last) | <b>Buddy's Phone Number</b> |
|                                      |                             |
|                                      |                             |

## CONTACT INFORMATION

|   |                              |
|---|------------------------------|
| <b>Spouse Contact</b> (if applicable)                                 |                              |
| Name  | Cell Phone<br>(if available) |
| <b>Family or Friend Contact</b> (someone at a different phone number) |                              |
| Name  | Relationship                 |
| Email   | Phone                        |
| <b>Emergency Contact</b> (Someone available the day you travel)       |                              |
| Name  | Relationship                 |
| Phone   | Cell Phone<br>(if available) |

### Please Review Carefully and Sign

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight Columbus** 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 Columbus** program. I hereby release all media creators and **Honor Flight Columbus** from all claims and liability relating to said media. I hereby give permission for my images captured during **Honor Flight Columbus** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Columbus** promotional material and publications and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight Columbus does not** provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold **Honor Flight Columbus** responsible for any injuries incurred by me while participating in the **Honor Flight Columbus** program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please fill out the medical information on the next page and include it with your application. We must have all pages. Thank you!***

Please mail all pages of this application to:

Honor Flight Columbus  
ATTN: Veteran Application  
2185 Ridgecliff Road  
Columbus, OH 43221

Or e-mail application to: [Columbus@honorflight.org](mailto:Columbus@honorflight.org)

For questions or further information, please contact us at **614-284-4987**  
or visit the **Honor Flight Columbus** website at [www.honorflightcolumbus.org](http://www.honorflightcolumbus.org)

Your Name \_\_\_\_\_  
 (First) (Middle) (Last)

**MEDICAL INFORMATION:** So that we may assist you as appropriate, please provide the following information. This permits us to assess the support we need to provide during the trip. Information is for Honor Flight Columbus and volunteer personnel only. Your signature on this page grants us the right to share your information with our volunteer medical, flight and administrative staff.

|  | Yes | No | If yes,   |
|--|-----|----|---|
| Do you use mobility equipment?   |     |    | Please check the device<br>Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/>   |
| Would it be difficult for you to walk the length of a football field unassisted? |     |    | Please describe the reason (e.g., lung problems, arthritis, heart problems, etc)  |
| Do you have diabetes?  |     |    | Do you take medication? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, injected <input type="checkbox"/> or oral <input type="checkbox"/> ?<br>Do you carry glucose with you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have a urostomy or colostomy bag?   |     |    |   |
| Do you have a history of seizures? (e.g., grand mal, petit mal, other)           |     |    | Please describe<br>When was your last seizure? _____  |
| Do you have any breathing problems?  |     |    | Please describe   |
| Do you use a home nebulizer machine?   |     |    | If yes, will you be able to use portable, hand-held nebulizers during the trip? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Do you use oxygen at any time?   |     |    | Your private physician must write a prescription for oxygen to be used during the trip. The prescription must be turned in before your trip. We will provide the oxygen.  |
| Do you have a history of open head injuries, sinus problems, or ear problems?    |     |    | Have you flown since the problem occurred?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, did you have any problems? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please describe                            |
| Do you have any <b>drug allergies</b> ?  |     |    | Please list   |
| Additional concerns (Please describe)  |     |    |   |

**MEDICATIONS**

| Medication Taken | How Often? |
|------------------|------------|
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |

| Medication Taken | How Often? |
|------------------|------------|
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |

Signature \_\_\_\_\_ Date: \_\_\_\_\_