

For Office Use -

DATE RECEIVED: _____

INTERVIEWED: _____

Veteran Application



Honor Flight Southern Nevada (HFSN) recognizes American Veterans for your sacrifices and achievements by taking you to Washington DC to see your memorials at no cost to the you! Top priority is given to WWII veterans and terminally ill veterans from all wars. Please consider this a small token of appreciation from all of us at Honor Flight Southern Nevada, for the sacrifices that you and your comrades have made. Guardians may be available to assist you on the flight. For further details, contact:

702-749-5912, administration@honorflightsouthernnevada.org, or visits us at our website

www.honorflightsouthernnevada.org.

NAME: _____ **DATE:** ____/____/____
(Please PRINT your name as it appears in your driver's license or government ID)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **T-Shirt Size: S, M, L, XL, XXL**

PHONE/Day _____ **Evening:** _____ **Mobile:** _____

EMAIL ADDRESS: _____ **AGE:** _____

Date of Birth _____ (mm/dd/yyyy) **Nick Name for Name Tag** _____

Have you been on an Honor Flight before? Yes or No. Sorry, you may only go on *any* Honor Flight once.

Emergency Contact Information

Name: _____ **Email:** _____

Address: _____

City/State/Zip: _____ **Relationship to Applicant:** _____

Phone Numbers- Day: _____ **Evening:** _____ **Mobile** _____

Guardian

SPouses or "Significant Others" cannot be Guardian unless: Veteran or Seriously Medically Dependent Veteran

Are you taking a guardian with you? ____ Yes ____ No

Did they complete the guardian application? ____ Yes ____ No *The Guardian Application is required.*

Name: _____ **Relationship to Applicant** _____

Phone Numbers- Day: _____ **Evening:** _____ **Mobile** _____

Service History

Branch: Marines – Army – Army Air Corps – Navy – Air Force - Coast Guard **Rank/Rate** _____

Years of Service: 19 ____ to 19 ____ **Primary Location:** _____

Served During (Circle all that Apply): WWII – Korean War – Cold War - Vietnam War

List your primary duty/duties: _____

Please share any awards, medals, certificates, conflicts, experiences or ribbons that are particularly meaningful to you:

MEDICAL INFORMATION– PLEASE ATTACH ADDITIONAL PAPER, IF NEEDED.

Information provided WILL NOT disqualify you, however, we must ensure you are able to endure the travel. This information allows us to assess the support we may need during the trip. This information is for HFSN and Medical Staff Only. **IT IS STRONGLY ADVISED THAT YOU CONSULT YOUR PRIVATE PHYSICIAN BEFORE MAKING THIS TRIP. HAVE THEM PROVIDE A MEDICAL HISTORY AND LIST OF CURRENT PRESCRIPTIONS FOR YOU TO TAKE ON THE TRIP.**

Medication: _____ Dose & How Often: _____
Medication: _____ Dose & How Often: _____
Medication: _____ Dose & How Often: _____
Medication: _____ Dose & How Often: _____
Medication: _____ Dose & How Often: _____

YOUR PRIMARY PHYSICIAN’S NAME _____ **Phone** _____

The only health issue that would prevent your participation is Dementia or Alzheimer’s Disease.

Please document your medical history or conditions that would impact your travel. Print clearly below or on separate paper.

Do you use Mobility Equipment? _____ Yes: Circle please :Cane – Walker – Scooter – Wheelchair _____ None

Can you walk 100 yards without assistance? _____ Yes _____ No If no, why? _____

Allergies? _____ Yes _____ No If yes, please list: _____

Seizures? _____ Yes _____ No If yes, which type? _____

Date of Last Seizure _____ (If within the last five (5) years, discuss trip with your physician)

Breathing problems? _____ Yes _____ No if yes, please describe: _____ CPAP - _____ Yes _____ No

Home nebulizer machine? _____ Yes _____ No Motion Sickness? _____ Yes _____ No

Can it be controlled with medication? _____ Yes _____ No (If no, we strongly advice you discuss trip with physician)

Use of oxygen? _____ Yes _____ No (If yes, you will need a prescription for oxygen to be submitted with application. In room oxygen concentrators will be provided, if necessary.)

Do you have incontinence concerns? _____ Yes _____ No If so, are you able to handle any issues? _____

Have you had a head injury? _____ Yes _____ No Do you have any ear issues? _____ Yes _____ No

Do you have any sinus issues? _____ Yes _____ No Have you flown since the head, ear, or sinus problem occurred? _____

Did you have any problems in previous flights _____ Yes _____ No (If yes, we strongly advise you discuss trip with your physician)

Do you have a colostomy or urostomy bag? _____ Yes _____ No (If yes, please make sure the bag is vented prior to flight. If you are not sure bag has a vent, we strongly advise you ask your physician)

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Southern Nevada (HFSN) and the Honor Flight Network (HFN)** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of **HFSN and the HFN** program. I hereby release the photographer and **HFSN and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFSN and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSN and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.*
- I further state that medical insurance is the responsibility of the veteran and I understand that **HFSN and the HFN** does NOT provide medical insurance. I understand that I accept all risks associated with travel and other **HFSN and the HFN** activities and will not hold **HFSN and the HFN** responsible for any injuries incurred by me while participating in the **HFSN and the HFN** program.*

SIGNED: _____ **DATE:** _____ / _____ / _____

(Email applicants will be required to sign prior to actual flight date)

Please submit this form to: HFSN 2190 E. Pebble Rd. Suite 150 Las Vegas NV 89123, OR scan and Email to: administration@HonorFlightSouthernNevada.org, OR fax to: 702-749-5933.