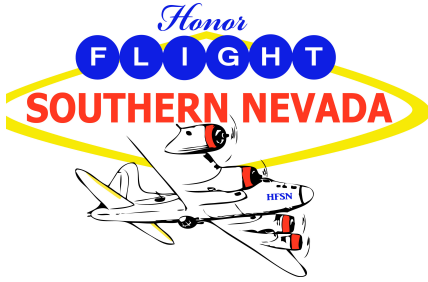


DATE RECEIVED: _____



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 veteran. Top priority is given to WWII and terminally ill veterans from all wars. This flight is only for veterans that have not gone before. For what you and your comrades have given us, please consider this a small token of appreciation from all at Honor Flight Southern Nevada. Guardians may be available to assist veterans on the flight. For further information, please contact: 702-749-5912, administration@honoflightsouthernnevada.org, or visits us at

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)

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

Emergency Contact Information

Please list one (1) emergency contact information. Must be verifiable:

Name: _____ **Email:** _____

Address: _____

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

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

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 They MUST complete application with this application.

Name: _____

Relationship to Applicant: _____

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

Service History

Branch of Service: Marines – Army – Army Air Corps – Navy – Air Force - Coast Guard

Rank: _____

Years of Service: _____ **Primary Location:** _____

Served During (Circle all that Apply): WWII – Korea – Vietnam

Activity in Service: _____

Medical Information

Information provided WILL NOT disqualify you however, we must ensure you are able to endure the travel. It permits us to assess the support we need during the trip. This information is for Honor Flight Southern Nevada 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 CURRENT PERSCRIPTIONS.**

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

PROVIDE PRIMARY PHYSICIAN INFORMATION. _____ **Phone** _____

Please document your medical history or conditions. Print Clearly Below: Condition/Procedure: Date: Where:

Do you use Mobility Equipment? ____ Yes ____ No : Cane – Walker – Scooter – Wheelchair

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

Seizures? ____ Yes ____ No If yes, which type? Grand Mal – Petit Mal – Other _____

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

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

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, discuss trip with your physician for a prescription for oxygen. Turn in prescription with application. Oxygen will be provided for in room concentrators)

Can you walk one hundred (100) yards without assistance? ____ Yes ____ No

If no, please discuss reason: _____

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:

1. 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.
2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that **HFSN and the HFN** does NOT provide medical care. 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