

Honor Flight Southeastern North Carolina

P.O. Box 4563
Wilmington, NC 28403
Phone: (910) 874-VETS (8387)
Fax: (910) 395-4608
www.honorflightsenc.org



Veteran Application

Honor Flight Southeastern North Carolina recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C., to see YOUR memorial at **no cost to you**. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from **all** wars. In the future, *Honor Flight Southeastern North Carolina* may be expanded to include Korean and Vietnam veterans. In order for *Honor Flight Southeastern North Carolina* to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. At this time, the only spouses who are permitted to accompany veterans are those who are veterans themselves.

For further information, please contact us at (910) 874-VETS (8387) or visit us at www.honorflightsenc.org.

YOUR NAME: _____ **NICK NAME:** _____
(First, Middle & Last Name) (If Applicable)

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

_____ **TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: _____ **E-MAIL:** _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ **RANK:** _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES NO **If YES, please circle device:** CANE WALKER WHEELCHAIR SCOOTER

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Do you have any **drug allergies**? _____

Do you have a history of **seizure**? YES NO Please describe what type (i.e. grand mal, petit mal, other) _____
_____. When was your last seizure? _____. If within past 5 years, it
is **STRONGLY** advised you discuss trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO If yes, is it controlled with medications? YES NO
If motion sickness is not controlled with medications, it is strongly advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO If YES, please describe: _____

Do you use a home nebulizer machine? YES NO If YES, you are **STRONGLY** encouraged to discuss the trip with your
private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO If YES, your private physician must write a prescription for oxygen to be used
during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO If yes, please describe the
reason (e.g. lung problems, arthritis, heart problems, etc.): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO If YES, have you flown since
the open head injury, sinus or ear problems occurred? YES NO If YES, did you have any problems? YES NO
If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the
open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

Do you have a **urostomy or colostomy bag**? YES NO If YES, please make sure the bag is vented prior to flight. If you do
not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Additional Comments or Concerns: _____

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*** 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 the ***Honor Flight*** program. I hereby release the photographer, and ***Honor Flight*** from all claims and liability relating to said photographs. 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 or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither ***Honor Flight*** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Honor Flight***, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of ***Honor Flight*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program.

SIGNED: _____ DATE: ____/____/____

Please submit this form to: **Honor Flight Southeastern North Carolina**
ATTN: Veteran Application

P.O. Box 4563

Wilmington, NC 28403

Fax: (910) 395-4608 or via email to honorflightsenc@gmail.com

Veterans will fly first-come, first-served as funds are raised for each flight, based on the date and time of receipt of this application. Terminally ill veterans will receive special consideration; attach a separate note if such a condition applies.