



Veteran Application

Honor Flight of Greater Lafayette recognizes American Veterans for your sacrifices and achievements by having you come to Washington DC to see YOUR memorial at no cost to you. Top priority is given to WWII and Korea veterans and terminally ill veterans from all wars. We supply guardians who fly with our Veterans on every flight providing assistance to help Veterans have a safe, memorable and rewarding experience. Call 765-357-1000 or email us at info@honorflightlafayette.com if you have any questions.

Eligible service dates: **WWII:** 2/7/41-12/31/46 **Korean War:** 6/25/50-7/27/53 **Vietnam** 2/28/61-5/7/75 Anyone (male or female) serving on **active duty ANYWHERE at ANY TIME during the above dates** is a veteran of that war/conflict and is eligible to travel with Honor Flight of Greater Lafayette.

YOUR NAME: (Last) _____ (First) _____ (Middle) _____ **NICK NAME:** _____
(Please list info *exactly as it appears* on your driver's license or government ID) (If applicable)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **Date of Birth:** _____

PHONE: _____ **CELL PHONE:** _____ **COUNTY of Residence:** _____

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

IF YOU HAVE A PREFERRED GUARDIAN PLEASE PUT THEIR NAME HERE: (WE NEED A GUARDIAN APPLICATION ON FILE. THEIR APPLICATION MAY BE SENT ALONG WITH YOUR APPLICATION)

T- SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ **GENDER:** _____ **Your Weight:** _____

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: _____ Cell: _____

SERVICE: (Circle) WWII / Korea / Vietnam **BRANCH:** _____ **RANK:** _____

SERVICE DATES: _____

NOTED MILITARY ACTIVITY: _____

HOMETOWN (city and state you entered service from): _____

MEDICATIONS: (You may attach a separate list of your medications if you have one) _____

The following questions are simply to ensure you have a safe and enjoyable trip. Safety is our utmost concern!

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

Do you use **mobility equipment**? YES / NO (If YES, please circle device: Cane / Walker / Wheelchair / Scooter)

Do you have any **food or drug allergies**? YES / NO

Do you have a history of **seizures**? YES / NO (If YES and within the past 5 years, see medical advisement below.)

Do you have problems with **motion sickness** (sea or air)? YES / NO

Do you have any **breathing problems**? YES / NO

Do you use a home **nebulizer machine**? YES / NO

Do you use **oxygen at any time**? YES / NO (If YES, please include a prescription with this application.)

Do you have a **problem walking** long distances? YES / NO

Do you have a history of **head injuries, sinus or ear problems**? YES / NO

Do you have a **urostomy or colostomy bag**? YES / NO

Are you **incontinent**? YES / NO

Medical Advisement...

If you answered yes to any of the above questions, you are not necessarily disqualified from making this trip: rather we want to strongly encourage you to consult your primary physician to assure you may travel safely.

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 of Greater Lafayette** 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 of Greater Lafayette** program. I hereby release the photographer and **Honor Flight of Greater Lafayette** 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 of Greater Lafayette** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that **medical insurance is the responsibility of I, the veteran** and I understand that neither Honor Flight nor the provider of the aircraft or buses used provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight of Greater Lafayette, The Honor Flight Network, the Flight or Bus Provider, or any person appearing or quoted in any advertisement of public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating the Honor Flight program.
3. I understand that if advance directives are in place that I am asked to travel with a copy and inform leadership of this fact.

NAME: _____ SIGNATURE: _____ DATE: _____

When completed in full please mail this form to:

Honor Flight of Greater Lafayette, Veteran Apps
P.O. Box 4782
Lafayette, IN 47903

If you have any questions, please call us at:

(765) 357-1000



Helpful Veteran Information

Thank you for your service. Please review this page before completing the application. Below are some basic rules, guidelines, and answers to frequently asked questions.

Please complete and return the 2-page Veteran application (no need to include this page) and mail it back to us ASAP as we do have a waiting list in order to make a trip with us. Once we receive your application please allow at least two weeks for processing and data entry. You will be notified that we have received your application. After we have your application you may not be contacted to confirm a flight for some time but our goal is to give you at least a month's advance notice prior to any offer to join us.

There is no cost to the Veterans we honor whatsoever...absolutely none.

Safety is our number one priority, Honor Flight of Greater Lafayette wants you to have a very safe experience from start to finish.

Honor Flight of Greater Lafayette will pair you with a Guardian; they are there to push a wheelchair, provide transportation, take pictures, etc. A Guardian is your personal assistant during the entire experience.

Family members wishing to travel with you are encouraged to complete a separate Guardian Application and return it to us with your application. Family members serving as Guardians are asked to be at least one generation younger than the Veteran they wish to travel with. Guardians must be between 18 and 70 years old. If you have a specific person you wish to travel with, please include their name on your application in the space provided.

Spouses or significant others are unable to accompany a Veteran on an Honor Flight of Greater Lafayette as many may require a guardian themselves. This rule is not up for debate, if you insist on taking your spouse we understand...and would encourage you to take a trip to D.C. on your own.

Filling out a guardian application does not guarantee that person will be able to join you on a trip as your guardian. We are often joined by EMT's, Paramedics, Firefighters, Police Officers or others who are medically trained and volunteer their time to go. For the safety of ALL veterans on trips they get priority...even over family members wishing to go.

Wheelchairs, all food, and drinks are provided. You will be given a t-shirt and hat to wear on the trip as well as a ditty bag the day prior to pack a few personal items if needed.

Please keep in mind that ALL people associated with Honor Flight of Greater Lafayette are volunteers (no one is paid for their work) and we will respond to all calls, emails and applications received as soon as possible.

Please pay particular attention to the **service dates** at the top of the Veteran Application. If you served even **one** day of Active Duty during the dates listed, you are eligible to fly with us regardless of your duty station.