



Hudson Valley Honor Flight Veteran Application

Hudson Valley Honor Flight honors American veterans for your sacrifices and achievements by taking you to Washington DC to see YOUR memorial at no cost. For Hudson Valley Honor Flight to achieve this goal, guardians fly with veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation on behalf of HVHF. At this time, priority is given to WWII Veterans and terminally ill veterans from all wars.

Please return completed applications to: HUDSON VALLEY HONOR FLIGHT, PO BOX 375, WALDEN, NY 12586

Please indicate your time of Service: _____ WWII VET (12/7/41 – 12/31/46) _____ KOREAN VET (6/25/50 – 1/31/55)
_____ VIETNAM VET (2/28/61 – 5/7/75) _____ OTHER (provide dates)

VETERAN'S NAME: _____

(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.)

NICK NAME (if any): _____ GENDER: ___M ___F

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: Day: _____ Evening: _____

Cell Phone: _____

County: _____

E-Mail Address (if any): _____

Weight: _____ Date of Birth: _____

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

How did you hear about Hudson Valley Honor Flight?

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

YEARS ACTIVE: _____

Please list any notable items from your Service:

EMERGENCY CONTACT INFORMATION Please provide two contacts, if possible.

1. Name: _____

Relationship: _____

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

2. Name: _____

Relationship: _____

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

Do you have a Guardian who will be accompanying you on the flight? YES or NO

If yes: Name: _____ Relationship: _____

Contact Number: _____

*** NOTES ***

Spouses and Significant Others can NOT serve as Guardians

Please specify only ONE Guardian name

All Requested Guardians MUST fill out a Guardian Application

Who will be providing your transportation to and from the rally point?

*Veterans MAY **NOT** drive themselves on Flight Day*

Name: _____ Contact Number: _____

MEDICAL INFORMATION

NOTE: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. It merely permits us to assess the support we need during the trip. Information is for Hudson Valley Honor Flight and Safety Personnel ONLY.

1. Do you use mobility equipment? YES or NO

If YES, please circle device: CANE WALKER WHEELCHAIR

Note: HVHF will provide most wheelchairs for flight day

2. Do you take medication? What kind? How often? Please be specific. Attach additional notes if necessary.

3. Do you have any drug allergies?

4. Do you have a history of seizure? YES or NO

Please describe what type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____

If within past 5 years, STRONGLY advised you discuss trip with your private physician.

5. Do you have problems with motion sickness? YES or NO

If yes, is it controlled with medications? YES or NO

If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician.

6. Do you have any breathing problems? YES or NO.

If YES, please describe:

7. Do you use a home nebulizer machine? YES or 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.

8. Do you use oxygen at any time? YES or NO.

If YES, you will need your private physician to *write a prescription for oxygen to be used during the flight* and during the tour. The prescription should be turned in with the application.

9. Do you have a problem walking the length of a football field without assistance? YES or NO.

If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

10. Do you have a history of open head injuries, sinus problems, or ear problems? YES or NO.

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES or NO.

If YES, did you have any problems? YES or 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, we STRONGLY advise you discuss the trip with your private physician.

11. Do you have a urostomy or colostomy bag? YES or 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 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 *Hudson Valley Honor Flight ("HVHF")* 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 *HVHF* program. I hereby release the photographer and *HVHF* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *HVHF* activities through video, photo, or other media, to be used solely for the purposes of *HVHF* 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 guardian and I understand that neither Hudson Valley Honor Flight (öHVHFö) nor the provider of the aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other *HVHF* activities and will not hold *HVHF*, 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 *HVHF* program.

***SIGNATURE:**

DATE: ____/____/____