



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, we are taking WWII, Post WWII, Korean, Post Korean 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) POST WWII VET (1946-1950)
KOREAN VET (6/25/50 – 1/31/55) POST KOREAN VET (1955-1962) VIETNAM VET (2/28/61 – 5/7/75)
OTHER (provide dates) _____

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

MAILING ADDRESS: _____

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

PHONE NUMBERS: Home: _____ Cell: _____

E-Mail Address (if any): _____

DATE OF BIRTH: _____ GENDER: Male Female

T-SHIRT SIZE: (S, M, L, XL, 2XL, 3XL) _____ Weight: _____ Height: _____

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 NUMBERS: Home: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

PHONE NUMBERS: Home: _____ Cell Phone: _____

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

If YES, please indicate device: CANE WALKER WHEELCHAIR

Note: HVHF will provide most wheelchairs for flight day

Revised 10/24/18

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

3. Do you have any allergies?

4. 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, STRONGLY advised you discuss trip with your private physician.

5. Do you have problems with motion sickness? 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 physician.

6. Do you have any breathing problems? YES NO

If YES, please describe:

7. Do you use a home nebulizer machine? YES NO

Do you use oxygen at any time? YES NO

If you answered YES to either of the above questions, you are STRONGLY encouraged to discuss the trip with your physician concerning portable hand-held nebulizers or oxygen machines. You are **required** to provide a *written prescription for oxygen to be used during the flight* from your physician and turn it in with your application, if needed.

8. 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.):

9. 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, we STRONGLY advise you discuss the trip with your private physician.

10. 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 with your private physician.

11. Do you have a DNR? YES NO

If YES, please provide a copy and turn it in with your application.

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 ("HVHF") 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: ____/____/____