



# Hudson Valley Honor Flight Veteran Application

**Hudson Valley Honor Flight** honors American veterans for your sacrifices & achievements by flying you to Washington DC to see YOUR memorial at no cost. For HVHF to achieve this goal, guardians fly with veterans to provide assistance & to help veterans have a safe, memorable & 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 veterans in the order in which they served, WWII, Post WWII, Korea, Post Korea and now Vietnam. Terminally ill veterans from any time of service will have priority.

Note: We won't call you UNTIL it's your turn to fly, however, you are invited to call us anytime at 845-391-0076.

Please indicate your time of Service:

- WWII (12/7/1941-12/31/1946)     Post WWII (1946-1950)     Korea (6/25/1950-1/31/1955)  
 Post Korea (1955-1962)     Vietnam ((2/28/1961-5/7/1975)     Other \_\_\_\_\_

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(as it appears on your ID for airline travel) (preferred name for name tag)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size  S  M  L  XL  2XL  3XL

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Active Service Dates and Location \_\_\_\_\_

Please list anything notable about your service (i.e. ship names, plane types, battles, medals, etc) \_\_\_\_\_

How did you hear about Hudson Valley Honor Flight? \_\_\_\_\_

Emergency Contact Information (Please provide two contacts, if possible)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you have a Guardian who will be accompanying you on the flight?

If yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**\*\*\*Spouses and Significant Others can NOT serve as Guardians\*\*\***

**\*\*ALL requested Guardians MUST fill out a Guardian Application\*\***

**\*HVHF recommends that Guardians be at least one generation removed (younger) from the Veteran\***

Who will be providing transportation on Flight Day? (Veterans MAY NOT drive themselves on Flight Day)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Airport:  Stewart Airport (Newburgh, NY)     Westchester County Airport     No Preference

**MEDICAL INFORMATION**

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 & Safety Personnel *ONLY*.

**Do you use mobility equipment?**  Yes  No If yes, please indicate device:  Cane  Walker  Wheelchair

*Note: HVHF will provide wheelchairs for flight day*

**Do you take medication?** If yes, what kind & how often? Please be specific. Attach additional notes if necessary.

**Do you have any allergies?**  Yes  No If yes, please indicate: \_\_\_\_\_

**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 Dr.

**Do you have any breathing problems?**  Yes  No If yes, describe \_\_\_\_\_

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, you are **STRONGLY** advised to discuss the trip with your Dr. You are required to provide a written prescription for oxygen use from your Dr. You must have a fully functioning concentrator with extra batteries as needed.

**Do you have a problem with motion sickness?**  Yes  No If yes, is it controlled with medication?  Yes  No

If motion sickness is not controlled with medications, it is **STRONGLY** advised to discuss the trip with your Dr.

**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, hear problems, arthritis, etc) \_\_\_\_\_

**Do you have a history of open head injuries, sinus problems, or ear problems?**  Yes  No

If yes, have your 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 this trip with your Dr. If you have NEVER flown since the open head injury, sinus or ear problems, we **STRONGLY** advise you to discuss this trip with your Dr.

**Do you have an ostomy bag?**  Yes  No If yes, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this trip with your Dr.

Additional comments or concerns: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

- A) As photographic & video equipment are frequently used to memorialize & document **Hudson Valley Honor Flight** (HVHF) trips & events, his/her image may appear in a public forum, such as the media, social 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 & liability relating to said photographs & videography. I hereby give permission for my images captured during HVHF activities through photo, video, or other media, to be used solely for the purposes of HVHF promotional material & publications, and waive any rights or compensation or ownership thereto.
- B) I further state that medical insurance is the responsibility of the veteran & I understand that neither Hudson Valley Honor Flight (HVHF) nor the provider of the aircraft (Flight Provider) provided medical care. I understand that I accept all risks associated with travel and other HVHF activities & 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:** \_\_\_\_\_

Please submit completed applications to:

Hudson Valley Honor Flight  
P.O. Box 375  
Walden, NY 12586