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, Cold War and 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 ☐ Post WWII ☐ Korea ☐ Cold War ☐ Vietnam ☐ 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 _____

Service Years (from) _____ (to) _____ 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

Veterans MAY NOT drive themselves on Flight Day. If you do not have someone who can drive you, our Transportation Coordinator will arrange a ride for you.

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, heart 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.

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