

# VETERAN APPLICATION

Date Rec'd



High Plains Honor Flight recognizes America's veterans for your service and sacrifices by flying you to Washington, D.C. to see **YOUR** memorials built in **YOUR** honor - **at no cost to you**. Terminally ill Vets receive the highest priority, otherwise priority is given in the following order. Service must have occurred within the following Department of Defense established dates of each conflict listed in service history.

1. World War II
2. Purple Heart (from any conflict)
3. Korean War
4. Vietnam War

TERMINALLY ILL VETS OR THEIR REPRESENTATIVES SHOULD CONTACT MATT VORIS (970) 409-4188

## VETERAN INFORMATION

First Name	Initial	Last Name		
<i>Name as it appears on your picture ID, for airline travel and security</i>				
Date of Birth	Nickname			
Address	City	State	Zip	
Primary Phone	Cell Phone			
Email	Gender	<div style="border: 1px solid black; padding: 2px;">Note: T-Shirts and jackets are in men's sizes, ladies order accordingly</div>	T-Shirt Size	
	Male      Female		S      M      L	XL      2XL      3XL

## SERVICE HISTORY

Which Era(s) did you serve during, submitted documentation (DD214 with social security number redacted) must fall within the dates listed below:  
(Circle ALL that apply)

WWII

(Service prior to January 1, 1947)

Korea

(June 27, 1950 - January 31, 1955)

Vietnam

(February 28, 1961 - May 7, 1975)

Did you receive a Purple Heart?      Yes      No

Rank at Discharge      Branch

Briefly describe your service during WWII, Korea, or Vietnam; or when you received a Purple Heart. If you served our country outside of the time frames above, when, and where did you serve

## EMERGENCY CONTACT INFORMATION

Name      Relationship

Primary Phone/Cell

Address OR Email

## TRAVELING COMPANIONS

Are you intending to travel with another Veteran who is submitting an application?      Yes      No

If yes, their name

**It is not necessary to find a guardian to volunteer, one will be assigned**

Do you have family or friend who is volunteering to serve as Guardian on the trip?      Yes      No

If yes, their name

**NOTE: Spouses are not allowed to travel as guardians for their husbands or wives**

Veteran Name

### MEDICAL INFORMATION

THE MEDICAL INFORMATION PROVIDED HERE WILL NOT BE USED TO DISQUALIFY YOU. RATHER IT PERMITS US TO DETERMINE THE SUPPORT YOU WILL NEED DURING THE TRIP. THIS INFORMATION WILL BE USED BY HONOR FLIGHT AND OUR MEDICAL VOLUNTEERS ONLY; YOUR PRIVACY WILL BE RESPECTED

#### Medications

Med 1	Med 6
Med 2	Med 7
Med 3	Med 8
Med 4	Med 9
Med 5	Med 10

Are you terminally ill?                      Yes      No

Do you have any drug allergies?      Yes      No    If yes, to what?

Do you have dietary restrictions?      Yes      No    If yes, list

Have you had any recent hospitalizations or any medical conditions we need to be aware of (i.e., seizures, colostomy bag, heart issues)?      Yes      No

If yes, please describe below

Do you have a problem walking 100-200 yards without assistance?      Yes      No

If yes, describe?

Do you use mobility equipment?      Yes      No

If yes, please select the device you use              Cane      Walker      Wheelchair      Scooter      Wheelchair Bound

Do you have breathing problems?      Yes      No      Do you use a nebulizer?      Yes      No

If yes, describe?

Do you use oxygen at any time?      Yes      No      Oxygen provider

If yes, describe?

*Oxygen will be provided; but you must provide a copy of your prescription with this application. We will then be able to supply the oxygen you need for the flights and while in Washington D.C.*

### PLEASE REVIEW AND SIGN

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our website. By signing below, you release the photographer and High Plains Honor Flight from any and all claims and liability related to said photographs and videos. Additionally, you hereby give permission for such images of you to be used solely for the purpose of High Plains Honor Flight promotional material and publications, and you waive any rights to compensation and ownership thereto.

Additionally, by signing below, you state that you understand that medical expenses will be your responsibility and that you understand that High Plains Honor Flight does NOT provide medical care. Understand that you accept all risks associated with the travel and other activities related to the trip and that you will not hold High Plains Honor Flight liable for injuries, accidents, or illness sustained while participating in the program.

Honor Flight trips begin and end at locations designated by High Plains Honor Flight, currently in Loveland, CO, and all veterans are required to participate in the entire trip.

Veteran's Signature \_\_\_\_\_ Date

Mail application to: **High Plains Honor Flight**  
**PO Box 363**  
**Ault, CO 80610**

Learn more at  
[www.highplainshonorflight.org](http://www.highplainshonorflight.org)  
(970) 409-4188