

VETERAN APPLICATION

Office use only: W K V
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
Name as it appears on your picture ID, for airline travel and security

Date of Birth Nickname

Address City State Zip

Primary Phone Cell Phone

Email

Gender Male Female

Note: T-Shirts and jackets are in men's sizes, ladies order accordingly

T-Shirt Size
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:
(Check ALL that apply)

WWII Korea Vietnam
(Service prior to January 1, 1947) (June 27, 1950 - January 31, 1955) (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, information is used for service roster to share

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
(970) 409-4188