FOR HONOR FLIGHT USE ONLY: *LAST NAME:*_____ *DATE RECEIVED:*_____/_____/_____

Veteran Application

Honor Flight Southland recognizes American Veterans for your sacrifices and achievements by taking you to Washington D.C. to see YOUR memorial at no cost. Top priority is given to WWII and terminally ill veterans from all wars. Honor Flight Southland will be expanding to include Korean and Vietnam Veterans. For Honor Flight Southland to achieve this goal, guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given us, please consider this a small token of appreciation from all of us at Honor Flight Southland. For further information, please contact us at 949.310.6143 or visit us at www.honorflightsouthland.org.

YOUR NAME:_____ **NICK NAME**_____
(Please list your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

Address:_____ **GENDER: M F**

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

PHONE: Day:_____ Evening:_____ Cell:_____

EMAIL ADDRESS:_____ **AGE:**_____ **DOB:**_____

HOW DID YOU HEAR ABOUT HONOR FLIGHT?_____

_____. **TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)**_____

ALTERNATE CONTACT (son, daughter, etc.): NAME:_____

PHONE:_____ EMAIL:_____ RELATIONSHIP:_____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name:_____ Relationship:_____

Address:_____

PHONE: Day:_____ Evening:_____ Mobile:_____

SERVICE HISTORY: BRANCH OF SERVICE:_____ RANK:_____

HOME TOWN (from which city and state did you enter the service?):_____

IDENTIFY WAR OR CONFLICT AND ACTIVITY_____

_____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES NO. **If YES, please circle device:** CANE WALKER WHEELCHAIR SCOOTER

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE BACK PAGE

Do you have any **drug allergies?** _____

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 5 years, it is STRONGLY advised to discuss your trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO

If motion sickness is **not** controlled with medications, it is STRONGLY advised to discuss your trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, please describe:_____

Do you use a home nebulizer machine? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

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.):_____

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 STRONGLY advised to discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you to discuss the trip with your private physician.

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 issue with your private physician.

IN ORDER TO TRAVEL, PLEASE BE SURE YOU HAVE A GOVERNMENT APPROVED REAL ID OR EQUIVALENT BY MAY 7 2025.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***Honor Flight Southland (HFS) and the Honor Flight Network (HFN)*** 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 ***HFS and the HFN*** program. I hereby release the photographer and ***HFS and the HFN*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***HFS and the HFN*** activities through video, photo, or other media, to be used solely for the purposes of ***HFS and the HFN*** 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 veteran and I understand that neither ***HFS and the HFN*** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other ***HFS and the HFN*** activities and will not hold ***HFS and the HFN***, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of ***HFS and the HFN*** responsible for any injuries incurred by me while participating in the ***HFS and the HFN*** program.

SIGNED:

_____

DATE:_____/_____/_____ (Email applicants will be required to sign prior to actual flight date)

Please submit this form to: **Honor Flight Southland**
Attn: Veteran Application
26 Club Vista
Dove Canyon, CA 92679

or

Sign, scan and email to:
honorflightsouthland@yahoo.com