



VETERAN APPLICATION

Honor Flight Columbus recognizes veterans for their sacrifices and achievements by flying them to Washington, D.C. to see their memorials, at **no cost**. **Honor Flight Columbus** supplies the “guardians” who provide assistance and support as needed.

YOUR NAME (please COPY this information from your driver’s license or state-issued ID)						
FIRST	MIDDLE	LAST			What is your PREFERRED NAME?	
GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>		AGE		BIRTHDAY Month/Day/Year		
TEE SHIRT SIZE (mark with “X”)		S	M	L	XL	2X 3X
ADDRESS						
CITY			STATE		ZIP	
PHONE Day		Evening			Cell	
EMAIL ADDRESS (if available)						
How did you hear about Honor Flight?						

SERVICE HISTORY

Please circle World War II: 1941 - 1946
 Korean War: June 27, 1950 to January 31, 1955
 Vietnam War: February 28, 1961 to May 7, 1975 Vietnam Veterans, please attach a copy of your DD 214, with your Social Security number **BLACKED OUT**, to this application.

Branch of Service (mark with “X”)	Army	Navy	Marines	
	Army Air Corps	Coast Guard	Air Force	Merchant Marine
Where did you serve?	Dates of Service			
	From			To

Rank

Activity during the War

FRIENDS FLYING TOGETHER

If you wish to experience your trip to Washington, D.C. with a friend who is a WWII, Korean or Vietnam veteran, please list his/her name and phone number. Your buddy must also submit an application. We suggest submitting your applications together to help us match up the forms.

Friend’s Name (First and Last)	Friend’s Phone Number

CONTACT INFORMATION

Spouse (if applicable)	Name	Cell Phone (if available)
Family or Friend Contact (someone at a <i>different</i> phone number)		
Name	Relationship	
Email	Phone	

MEDICAL INFORMATION: So that we may assist you as appropriate, please provide the following information. This permits us to assess the support we need to provide during the trip. Information is for Honor Flight Columbus and volunteer personnel only. Your signature on this page grants us the right to share your information with our volunteer medical, flight and administrative staff.

Question	Yes	No	If yes,
Do you use mobility equipment?	<input type="checkbox"/>	<input type="checkbox"/>	Please check the device Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/>
Would it be difficult for you to walk the length of a football field unassisted?	<input type="checkbox"/>	<input type="checkbox"/>	Please describe the reason (e.g., breathing problems, arthritis, heart problems, etc.)
Do you use a home nebulizer machine?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Will you be able to use portable, hand-held nebulizer during the trip? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use oxygen at any time?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you use O2 ALWAYS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you use O2 at NIGHT ONLY? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the flow rate? 2 li or Less? <input type="checkbox"/> 3 li or more? <input type="checkbox"/> We will ask for a copy of your O2 prescription when we schedule your trip. We will provide the oxygen.

Please Review Carefully and Sign

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Columbus** trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the **Honor Flight Columbus** program. I hereby release all media creators and **Honor Flight Columbus** from all claims and liability relating to said media. I hereby give permission for my images captured during **Honor Flight Columbus** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Columbus** promotional material and publications and waive any rights of compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight Columbus** does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold **Honor Flight Columbus** responsible for any injuries incurred by me while participating in the **Honor Flight Columbus** program.

Signature _____	Date _____
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Please mail this application to:
Honor Flight Columbus
ATTN Veteran Application
PO Box 12036 Columbus, OH 43212

Or scan application and e-mail to:
info@honorflightcolumbus.org
 Online application is available on our
 website **www.honorflightcolumbus.org**

Phone: 614-284-4987

email: **info@honorflightcolumbus.org**