



HFC Use Only: Last Name _____

Date Received: _____

Veteran Application

Honor Flight Chicago recognizes our veterans for their sacrifices and achievements by flying our vets to Washington, DC to see their memorial, as our guests. Top priority (for which we are currently accepting applications) is given to WW II veterans and terminally ill veterans from all wars. In the future, Honor Flight Chicago will be expanded to include Korean and Vietnam veterans. So that Honor Flight Chicago may help ensure a safe, memorable and rewarding experience, guardians fly with the veterans on every flight providing assistance and support. For what you and your comrades have given, please consider this a small token of appreciation from all of us at Honor Flight Chicago. For further information, please contact us at 773.227.VETS(8387) or visit us at www.HonorFlightChicago.Org.

Your Name: _____ Nickname: _____
(As it appears on your ID for airline travel) (If Applicable)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Primary _____ Phone: Cell _____ Phone: Winter _____

Email: _____ Birthday: _____ Weight: _____ Polo Shirt Size: _____

How did you hear about Honor Flight Chicago? _____

Service History

Branch of Service: _____ Rank: _____ Dates of Service: _____

Country(ies) Where You Served: _____

Activity during WWII: _____

Family Contact - **NOT YOUR SPOUSE**

Name: _____ Phone: Primary _____

Email: _____ Relationship: _____

Other Family/Friend Contact - **NOT YOUR SPOUSE**

Name: _____ Phone: Primary _____

Email: _____ Relationship: _____

Spouse Contact

Name: _____ Phone: Primary _____

Email: _____

Emergency Contact (Someone available the day you travel)

Name: _____ Relationship: _____

Address: _____

Phone: Primary _____ Phone: Cell _____

If you wish to experience your trip to Washington with a veteran buddy, please list his name and phone number. Your Buddy must also submit an application and there is no guarantee that you will fly together. We suggest submitting your applications together.

Buddy's Name: _____ Buddy's Phone: _____

If you would like to name a specific relative or friend to act as the Guardian who will be accompanying you, please list his/her name and phone number. Your spouse is **NOT** eligible to act as Guardian. Your children, Grandchildren age 18 and older or other relatives are welcome to apply as Guardian. Every effort will be made to accommodate your request.

Requested Guardian Name: _____

Requested Guardian Phone: _____

Additional Comments or Concerns: _____

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 Chicago 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 Chicago program. I hereby release all media creators and Honor Flight Chicago from all claims and liability relating to said media. I hereby give permission for my images captured during Honor Flight Chicago activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Chicago promotional material and publications and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____

PLEASE FILL OUT THE MEDICAL INFORMATION ON THE NEXT PAGE AND INCLUDE IT WITH YOUR APPLICATION. WE MUST HAVE ALL 3 PAGES. THANK YOU!

YOUR MEDICAL INFORMATION

So that we may assist you as appropriate, please provide the following information. Information provided will NOT disqualify you. It permits us to assess the support we need to provide during the trip. Information is for Honor Flight Chicago 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.

Do you use mobility equipment? Yes No If yes, please check the device: Cane Walker
Wheelchair Scooter

Do you have a history of seizures? Yes No Please describe: _____
When was your last seizure? _____ (i.e. grand mal, petit mal, other)

If within the last 5 years, we ***STRONGLY*** advise you discuss the 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 medication, it is ***STRONGLY*** advised that you discuss the 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*** advised 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, your private physician must write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided by Honor Flight Chicago. The prescription ***MUST*** be turned in with your application.

Do you have a problem walking the length of a football field unassisted? Yes No
If yes, please describe the reason (i.e. 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 problem occurred? Yes No
If yes, did you have any problems? Yes No
If yes, it is ***STRONGLY*** advised you discuss the trip with your private physician. If you have never flown since the problem occurred, again we ***STRONGLY*** advise that you 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, you must discuss the issue with your private physician.

Do you have Diabetes Yes No If yes, injected or oral? Injected Oral
Does your medication require refrigeration? Yes No Do you carry glucose with you? Yes No

MEDICATIONS (name and how often taken - If necessary, attach an additional sheet.)

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I state that medical insurance is my responsibility and I understand that ***Honor Flight Chicago*** does ***not*** provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Chicago activities and will not hold Honor Flight Chicago responsible for any injuries or illness incurred by me while participating in the Honor Flight Chicago program.

Print your name and sign below it: _____ print
_____ sign _____ date

Please print and submit this form to: Honor Flight Chicago
Attn: Veteran Application
938 West Montana Street
Chicago, Illinois 60614-2409

or fax it to 773.289.0909.