



# First Coast Honor Flight Veteran Application

### For Honor Flight Use Only

Last Name \_\_\_\_\_ Date \_\_\_\_\_

World War II     Korean War     Vietnam

Snowbird     Guardian     Ops

First Coast Honor Flight wishes to recognize your service by flying you to Washington, D.C. to see your memorials with an all-expense paid trip. Top priority is given to terminally ill Veterans from any war, World War II Veterans, Korean War Veterans, Vietnam Veterans, and then those from later conflicts. Priority will be based on the receipt date of the application. A Guardian Escort accompanies each Veteran to provide assistance and to help ensure a safe, memorable, and rewarding experience. For further information, please call **1-888-400-1185**, email [info@firstcoasthonorflight.org](mailto:info@firstcoasthonorflight.org) or find us on the web at [www.firstcoasthonorflight.org](http://www.firstcoasthonorflight.org).

## YOUR INFORMATION

**Your Full Name** \_\_\_\_\_ **Badge Nickname** \_\_\_\_\_  
*(for airline security and travel purposes, name information must match your driver's license or state issued picture identification)*

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**County** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Birthdate (mm/dd/yyyy)** \_\_\_\_\_

**T-Shirt Size**     S     M     L     XL     XXL     XXXL    **Gender:**     Male     Female

**Weight (must have)** \_\_\_\_\_ **Height** \_\_\_\_\_

## SERVICE HISTORY

**Hometown** \_\_\_\_\_ **Military Branch** \_\_\_\_\_

**Rank** \_\_\_\_\_ **Service Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Career Field/Units Assigned/Locations**

\_\_\_\_\_

\_\_\_\_\_

*If you would like to have a specific relative or friend serve as your Guardian Escort, please provide his/her name and phone number. Your **spouse is NOT eligible** to serve as your guardian. A child, grandchild, relative, or friend is welcome to apply as your Guardian Escort (must be between the ages of 18 and 70). He/she must submit a Guardian application (available at [www.firstcoasthonorflight.org](http://www.firstcoasthonorflight.org)).*

**Requested Guardian Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship of Guardian** \_\_\_\_\_

*If you wish to experience your trip to Washington, D.C. with a Veteran buddy, please list his/her name and phone number. Your Buddy must also submit an application and we suggest submitting your applications together.*

**Veteran Buddy's Name** \_\_\_\_\_ **Buddy's Phone** \_\_\_\_\_

Veteran's Name \_\_\_\_\_

## VETERAN CONTACTS

### Spouse

Name test772723722

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### In case of Emergency, call (someone available the day you travel and not traveling with you)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Family – Not your spouse

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Friend, Neighbor, or Other Family

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Veteran's Name \_\_\_\_\_

### VETERAN MEDICAL INFORMATION

- Please list any chronic illnesses (i.e., cancer, Parkinson's, heart issues, etc.) and the date of diagnosis:  
(*Information is for scheduling purposes and does not exclude you from a trip.*)  
\_\_\_\_\_
- Do you normally use mobility assistance?    Wheelchair       Walker       Cane       None  
*Note: We provide a wheelchair for every Veteran and will not take a personal wheelchair, walker, or Motorized Unit on the trip. You may bring a personal cane if desired.*
- Are you able to go up/down 6 steps to get on/off the bus with help?       No       Yes
- Do you have a history of Epilepsy or seizures?       Yes       No  
If Yes, please describe: (i.e., grand mal, petit mal, other) \_\_\_\_\_  
When was your last seizure? \_\_\_\_\_
- Have you had a stroke?    Yes       No  
If Yes, when? \_\_\_\_\_
- Are you short of breath after exerting yourself?       Yes       No
- Do you carry an inhaler?       Yes       No
- Do you use Oxygen at any time?       Part time       Full time       No  
*Note: If you use oxygen, your physician must write a prescription for oxygen to be used during the trip. Oxygen will be provided by First Coast Honor Flight. The prescription MUST be turned in at Orientation.*
- Do you have kidney problems?       Yes       No
  - Are you on dialysis?       Yes       No
  - Do you have a urostomy or colostomy bag?       Yes       No  
*Note: 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.*
- Are you Diabetic?       Yes, diet controlled       Yes, Insulin dependent       No
  - Does your medication require refrigeration?       Yes       No
  - Do you carry glucose with you?       Yes       No  
*Note: If you are insulin dependent, your physician must write a prescription for insulin to be used during the trip.*
- Do you have a pacemaker/internal defibrillator?       Yes, pacemaker       Yes, AICD       No
- Please list any food or drug allergies: \_\_\_\_\_  
\_\_\_\_\_
- Please list any other area(s) of concern: \_\_\_\_\_  
\_\_\_\_\_

Veteran's Name \_\_\_\_\_

- Are you a Snowbird?  Yes  No Dates: From \_\_\_\_\_ To \_\_\_\_\_
  - Snowbird Address \_\_\_\_\_
  - Snowbird Phone \_\_\_\_\_
- How did you find out about Honor Flight? \_\_\_\_\_

*Your application will be entered into our database based on the date received. Priority goes to any critically ill Veteran, then WWII Vets (service 1948 and earlier), then Korean War Vets (service 1949 – 1954), then Vietnam (service 1955 – 1975), and then any service 1976 to the present.*

### PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility and I understand that First Coast Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other First Coast Honor Flight activities and will not hold First Coast Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the First Coast Honor Flight program.
3. As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight 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 program. I hereby release the videographer/photographer and First Coast Honor Flight from all claims and liability relating to said images. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights of compensation or ownership thereto.
4. I acknowledge that this application consists of 4 pages.

Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**We must have all 4 pages completed before your application will be accepted.**

**Please Mail this form to:  
First Coast Honor Flight  
PO Box 600785  
Saint Johns, FL 32260**