

Veteran's Last Name _____

Date Received by Honor Flight _____

Guardian's Name _____



VETERAN APPLICATION

for Benton, Lane, Lincoln & Linn Counties

South Willamette Valley Honor Flight recognizes American veterans for their sacrifices and achievements by flying them to Washington DC to see your memorial at no cost. Top priority is given to **senior veterans and terminally ill** veterans from all wars. Applications are being accepted from veterans **who served anytime, anywhere between December 7, 1941 through May 7, 1975**. Guardians fly with the veterans on every flight to provide assistance and ensure a safe, memorable and rewarding experience. Effective October 1, 2020 all South Willamette Valley Honor Flight participants will be required to have a Real ID card or a valid, unexpired passport to board an airline.

Name (as it appears on photo ID) _____ Name for name tag _____

Mailing address _____ City/County _____ Zip Code _____

Phone _____ Email _____

Birthdate _____ Age _____ Weight _____ T-shirt size S M L XL XXL XXXL

We are sorry, but we are unable to accept spouses as guardians.

Is there a non-spousal family member or friend who would like to accompany you as a guardian? Yes No

Name _____ Phone _____ Relationship _____

There are age restrictions and other requirements for guardians (see Guardian application). Guardians make a tax-deductible donation that covers all their own expenses and complete a Guardian Application.

Service History	Conflict	WWII _____	Korean _____
	Pacific _____	Atlantic _____	Other _____
Branch of service _____			Vietnam _____
Activity during time in the service _____		Service Years: From _____ To _____	

Medical Information: Information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Information is for Honor Flight and medical personnel only.

DO YOU:

Use mobility equipment? Yes No	Have drug or food allergies? Yes No
Cane Walker Wheelchair	If yes, please list _____
Would you like access to a wheelchair for longer walks or standing for long periods of time? Yes No	Have breathing problems? Yes No
	If yes, please describe _____

Medical Information Continued:

DO YOU:

Use oxygen at any time? Yes No If YES, you will need a private physician to write a Rx for oxygen for use during the flights and tour. Oxygen will be provided. More information will be given when your flight is scheduled.

Have a history of open head injuries, sinus infections, or ear problems? Yes No If YES, have you flown and experienced any problems? Yes No **If YES, describe:** _____

If the following questions are answered YES, we strongly advise that you discuss these issues with your physician prior to final acceptance of an Honor Flight trip:

DO YOU:

Use a home nebulizer unit? Yes No

Will your doctor recommend a portable hand-held nebulizer during the trip? Yes No

Have a history of seizures? Yes No **Have you had a seizure within the past 5 years?** Yes No

Have motion sickness? Yes No **Can it be controlled by medication?** Yes No

Use a urostomy or colostomy bag? Yes No If YES, please make sure the bag is vented prior to the flight. If you do not know if the bag is vented, discuss with your doctor.

Additional information or concerns: _____

Emergency Contact: Name _____

Day Phone _____ **Evening Phone** _____

Relationship _____

Please review and sign:

As photographic and video 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 South Willamette Valley Honor Flight. I hereby release the photographer and South Willamette Valley Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my image captured during Honor Flight activities to be used solely for the purposes of Honor Flight promotional materials and publications, and waive any rights or compensation or ownership thereto.

I understand that South Willamette Valley Honor Flight does NOT provide medical care, and I understand that medical insurance is my responsibility. I accept all risks associated with travel and other Honor Flight activities and will not hold South Willamette Valley Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signature _____

Date _____

Please mail completed form to:

South Willamette Valley Honor Flight
91554 Stallings Lane
Eugene, OR 97408

Questions?

Alice Brooks
Land line Phone: 541.746.8655 | **Cell Phone:** 541.520.3901
swvalleyhonorflight@gmail.com
www.swvhonorflight.org

South Willamette Valley Honor Flight is a 501(c)(3) non-profit organization

South Willamette Valley Honor Flight Board reserves the right to deny any application at the Board's discretion. Revised August 2019