



For South Willamette Valley Honor Flight Use Only

Veteran's Last Name _____ Date Received _____

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 May 3, 2023**, 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** _____

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: World War II Korean War Vietnam War Other **Service years** From _____ To _____

Branch of service _____ **Activity during time in the service** _____

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

DO YOU: **Require vegetarian meals?** Yes No

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 when standing for long periods of time. Yes No

Have breathing problems? Yes No

If yes, please describe _____

Medical Information Continued:

Use oxygen at any time? Yes No If yes, you will need your physician to write a prescription for oxygen for use during the tour. Honor Flight will provide oxygen in Washington DC. You are responsible to provide your own portable oxygen concentrator and batteries that last for a minimum of 8 hours for use during the flights.

Have a history of sinus infections or ear problems while flying? Yes No

If yes, please describe _____

If the following questions receive a yes answer, we strongly advise that you discuss these issues with your physician prior to your final acceptance of an Honor Flight trip.

DO YOU: Use a home nebulizer? Yes No

Will your physician 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 **Is it 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, discussed with your physician.**

Additional information or concerns _____

Emergency Contact: Name _____ **Relationship** _____

Day Phone _____ **Evening Phone** _____

Please review and sign:

1. 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.

2. I understand that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the transportation providers (airlines/bus companies), provides medical care. I understand that I accept the risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the transportation providers, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signature _____ Date _____

Please mail completed form to:

c/o Alice Brooks
South Willamette Valley Honor Flight
91554 Stallings Lane
Eugene, OR 97408

Questions?

Alice Brooks
Landline: (541) 746.8655 | **Cell:** (541) 520.3901
Email: swvalleyhonorflight@gmail.com
Website: www.svvhonorflight.org