



HFSI Veteran Application

Honor Flight of Southern Indiana recognizes American Veterans for your sacrifices and achievements by having you visit Washington DC to see YOUR memorial at no cost to you. Top priority is given to WWII & terminally ill Veterans. A Guardian is paired with each Veteran, providing assistance for helping Veterans have a safe, memorable and rewarding experience. **An electronic application is our preferred application method at www.honorflightsi.org or you call 812-297-4136 which is our phone answering line.** If you don't have a guardian, HFSI can assign a guardian for the Veteran. Spouses & significant others of the Veteran can not be their Guardian.

YOUR NAME: (Last) _____ (First) _____ (Middle) _____ Nickname: _____

(Please list info exactly as it appears on your driver's license or government I.D.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: Home: (____) - _____ Cell Phone: (____) - _____ AGE: _____ DOB: _____

E-MAIL: _____

Have you ever been on an Honor Flight with another Honor Flight HUB? _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ GENDER: _____ Your Weight: _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: (____) - _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel, not traveling with you):

Name: _____ Address: _____

PHONE: Home: (____) - _____ Mobile: _____ Relationship: _____

SERVICE: (Circle one) **WWII / Korea / Vietnam** **BRANCH:** _____ **HIGHEST RANK:** _____ **Discharge Date:** _____

Eligible service dates: **WWII:** 12/7/41-06/26/50 **Korean War:** 6/27/1950-1/31/55 **Cold War:** 1/31/55-2/27/61 **Vietnam** 2/28/61-5/7/75

(Note: Anyone serving on Active Duty ANYWHERE at ANY TIME with Honorable discharge is a **QUALIFYING Veteran**.)

Are you requesting a specific **GUARDIAN** to travel with you? YES or NO Name: _____

NOTED ACTIVITY / MEDALS EARNED: _____

If you answer yes to any of the questions below CONSULT YOUR PRIMARY PHYSICIAN before traveling:

Do you have any **food or drug allergies**? YES / NO If yes, what are they? _____

Do you have a history of **seizure**? YES / NO (If Yes and within past 5 years, see medical advisement below.)

Do you have problems with **motion sickness** (sea or air)? YES / NO

Do you have any **breathing problems**? YES / NO

Do you use a home **nebulizer machine**? YES / NO

Do you use **oxygen** at any time? YES / NO (**If YES, please include a prescription turned in with this application.**)

Do you have a **problem walking** long distances? YES / NO

Do you have a history of **head injuries, sinus or ear problems**? YES / NO

Do you have a **urostomy or colostomy bag**? YES / NO

Do you use **mobility equipment**? YES / NO (If YES, please circle device: Cane / Walker / Wheelchair / Scooter)

INFO IS FOR MEDICAL PERSONNEL ONLY & WON'T DISQUALIFY YOU. IT PERMITS US TO ASSESS SUPPORT NEEDS.

PLEASE REVIEW CAREFULLY AND SIGN - The undersigned acknowledges and agrees to the following:

1. As photographic & video equipment are frequently used to memorialize & document the trips & events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. 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, & waive any rights or compensation or ownership thereof.

2. I further state that **medical insurance is the responsibility of I, the Veteran** and I understand that neither Honor Flight nor the provider of the aircraft or buses used provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight of Southern Indiana, The Honor Flight Network, the Flight or Bus Provider, 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. **I understand that if advance directives are in place that I am asked to travel with a copy and inform leadership of this fact.**

SIGNATURE: _____ DATE: _____

Mail to: Honor Flight of Southern Indiana-Veteran Application

PO Box 8234, Evansville, IN 47716 or email to database@honorflightsi.org