



Southwest Florida Honor Flight
PO Box 495065, Port Charlotte, FL 33949

VETERAN APPLICATION

Southwest Florida Honor Flight wishes to recognize your service by flying you to Washington, D.C. to be honored at your memorials and receive the welcome home you deserve. We fly Veterans at no cost, one time, for your honored flight.

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 and simply submitting an application does not guarantee you will be on the next flight. Submitting an application ADDS YOUR NAME TO THE WAITLIST. A Guardian Escort accompanies each Veteran to provide assistance and to help ensure a safe, memorable, and rewarding experience. **THIS GUARDIAN CANNOT BE A SPOUSE/LIFE PARTNER**. For further information, please email: swflhonorflight@gmail.com or find us on the web at www.swflhonorflight.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 : _____ lbs

(We must have this information for the airline manifest)

SERVICE HISTORY

Military Branch: ARMY NAVY AIR FORCE MARINES COAST GUARD

(please circle the branch (or branches) you have served in)

Rank _____ Service Dates: From _____ To _____

Career Field/Units Assigned/Locations: ERA: *(For example, WWII, Korea, Vietnam, etc.)* _____

Special commendations:

(please list any military honors/medals you received, found on your DD214)

FOR SWFL HF USE ONLY:

Please submit a copy of your DD214 documents or a copy of your VA card AND your Driver's license or state-issued ID card

VETERAN CONTACTS

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

GUARDIAN REQUEST

If you would like to have a specific relative or friend serve as your Guardian Escort, please provide his/her name and phone number below. (Must be the age of 18 and able to handle the rigors of the day, which may include pushing you in a wheelchair at some point). He/she must submit a Guardian application in conjunction with yours and may not be a spouse/life partner. They will be subject to the applicable guardian fees. Submitting guardian fee without confirmation does not guarantee that they will accompany you. (Guardian applications available at www.swflhonorflight.org)

Requested Guardian Name Phone

Relationship of Guardian

Email Address

We have a pool of volunteers who wish to serve as guardians for our Veterans on their honored day.

VETERAN BUDDY REQUEST

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

Are you a Snowbird? Yes No Dates: From To

Snowbird Address

Snowbird Phone

How did you find out about Honor Flight?

Please list any food or drug allergies:

Please list any dietary restrictions:

VETERAN MEDICAL INFORMATION

- Please list any chronic illnesses (i.e., Cancer, Dementia, Parkinson's, heart issues, etc.) and the date of diagnosis: *(Information is for scheduling purposes and does not exclude you from a trip.)*

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- 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

- Are you on blood thinners? Yes No

- Do you have a history of Epilepsy or seizures? Yes No

- Have you had a stroke? Yes No

If Yes, when? _____

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- 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

- 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

- Do you have a pacemaker/internal defibrillator? Yes, pacemaker Yes, AICD No

- Please list any other medical concerns we should be aware of:

Your application will be entered into our database based on the date received. and you will be added to the waitlist. You will be contacted when a seat is available for your honored flight.

Priority goes to any terminally ill Veteran, then WWII Vets (service 1948 and earlier), then Korean War Vets (service 1950 – 1955), then Vietnam (service 1955 – 1975), and then any service 1976 to the present. Other special circumstances are also considered to fill a flight at the discretion of the Board of Directors of Southwest Florida Honor Flight.

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 Southwest Florida Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Southwest Florida Honor Flight activities and will not hold Southwest Florida Honor Flight staff, Honor Flight volunteers or vendors encountered during related activities responsible for any injuries or illness incurred by me while participating in the Southwest Florida 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 Southwest Florida 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. You must attend a **MANDATORY** orientation (generally the Saturday prior to the flight). After applying, you must be approved by SWFL Honor Flight leadership to participate. You will be contacted by a representative so it is important that the above information is legible and accurate.

I agree to the above and understand I will be added to the wait list by submitting this application and will be contacted by SWFL HF leadership when a seat is available for me on my honor flight:

Print Your Name _____ Signature _____ Date _____

Please initial that you have included or will be sending both items:

_____ Copy of DD214

_____ Copy of Driver's License or Federal or State-issued ID

We must have all 4 pages completed before your application

will be accepted for consideration.

You will be contacted to confirm the flight date and details by SWFL Honor Flight leadership.

Please Mail this form to:

Southwest Florida Honor Flight

PO Box 495065

Port Charlotte, FL 33949