



**VETERAN APPLICATION**

**Please complete the following application and escort information form**

**PERSONAL INFORMATION (Please Print)**

First and Last Name **(middle initial)** (as they appear on your photo ID, **ie driver's license**)

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

If a PO Box is used please include physical address: \_\_\_\_\_

E-mail \_\_\_\_\_

Have you been on a previous Hero or Honor Flight? \_\_\_ Yes \_\_\_ No If answer is 'Yes' please indicate in what year: \_\_\_\_\_.

**SERVICE DATA**

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Dates of Service: Entry: \_\_\_\_\_ Discharged: \_\_\_\_\_

Check all that apply: \_\_\_ POW \_\_\_ Purple Heart \_\_\_ Overseas Action

**MEDICAL INFORMATION:**

Do you feel comfortable flying: \_\_\_\_\_ Do you experience motion sickness?  
\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Yes \_\_\_ No

Do you use a cane, walker, crutches or wheelchair? \_\_\_ Yes (circle device used) \_\_\_ No

Do you have any breathing problems? \_\_\_ Yes \_\_\_ No

Do you have a problem walking the length of a football field without assistance?  
\_\_\_ Yes \_\_\_ No

Please explain any yes answers or other limiting factors (this will not prevent you from going, it will help us be prepared to better assist you): \_\_\_\_\_

Please describe your general health. Include any information you feel is important so we can better meet your needs during the trip. Feel free to add an additional page if needed:

(see reverse side)

Medications:

Taken how often:

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
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Please give a short description of your military service. Feel free to add an additional page.

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May the media contact you for an interview: \_\_\_\_Yes \_\_\_\_No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESCORT INFORMATION:** Please keep in mind that your escort needs to be able to meet your personal and mobility needs during the trip. **(Also See Escort Form)**

Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Contact Information: Give contact information for an **emergency contact not on the trip with you:**

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_