## $\star \star \star \star$ VETERAN APPLICATION $\star \star \star \star$



**Honor Flight Columbus (HFC)** recognizes America's senior Veterans for their service, sacrifices, and accomplishments by transporting them to Washington D.C. to see the memorials, at <u>no cost</u> to the Veteran. HFC will supply a trained Guardian who will help facilitate the trip and provide assistance and support as needed.

Currently, HFC recognizes any Veteran with active duty service prior to May 7, 1975 as a senior Veteran.

## COPY YOUR NAME – exactly as spelled on your <u>REAL ID</u> (new driver's license, passport, or compliant ID)

CONTACT INFORMATION	FIRST		MIDDLE		LAST			PREFERRED NAME		
	STREET									
	СІТҮ				STATE			ZIP+4		
	PHONE	Day		Evening			Cell			
	eMAIL			How did you hear about HFC?						
	SPOUSE Name			Phone			eMAIL			
	Family or Friend - Alternate Contact(s)						Relationship			
	PHONE					eMAIL				
SERVICE HISTORY	I consider myself a Veteran of theWWII ERAKOREAN WAR ERAVIETNAM WAR ERAOTHER									
	BRANCH(es) SERVED:					RANK:				
	DATES OF SERVICE  From:  To:    (include DD214 or record of service)									
	Hometown:					Please share notable activities: (MOS, assignments, battles, events, accomplishments, etc)				
	Where were you stationed and/or deployed? (theater, country, state, city, etc)				• (					

## FRIENDS FLYING TOGETHER

If you wish to experience your trip to Washington D.C. with an HFC qualified senior Veteran friend or friends, please list his/her/their name(s) and phone number(s) here. In order to successfully link you together, they must also apply with your name listed in this section.

Friend's full name (First and Last)	Friend's Phone Number			

Please provide the following personal details. This information allows us to assess the support and resources we need to assemble during the trip in order to appropriately manage the needs of the group. This information is for Honor Flight Columbus personnel and trip related activities only.

MEDIO	GENDER:	M F	AGE	BIRTH	DAY:	/	/ 19			
	Shirt Size (cir	cle one):	S M	L X	L 2XL	3XL	4XL	5XL		
	HEIGHT:ftinches  CURRENT WEIGHT: pounds									
	Do you use mobility equipment? If so, what type of device?Cane Walker Scooter									
ÄL	Comments:									
Z	Can you walk the length of a football field unassisted? YesNo If not, why?									
ÖR	Describe:									
MEDICAL INFORMATION	Do you use C			Yes			ate?			
			Night Only	Yes	No	Flow r	ate?			
Z	We will ask for a copy of your O2 prescription when you are booked and we will provide a POC for your use on the trip.									
	Do you have any other medical conditions or concerns that you think we should be aware of?									
	Describe:									
AGREEMENTS and WAIVERS	Please review carefully and sign.      The undersigned Honor Flight Columbus ("HFC") applicant acknowledges and agrees that:      1. Photographic, video, and audio equipment are frequently used to create media to memorialize and document HFC missions, trips, and events. Therefore, my image may appear in a public forum (websites, news, or print media for example) to acknowledge, promote, and advance the mission of the HFC program. I hereby release HFC, all media creators, staff, volunteers, and HFC partners from all claims and liability relating to said media. I hereby give permission images captured of me during HFC activities through video, photo, or other media, to be used solely for the purposes of HFC promotional material and publications, at HFC's sole discretion, and waive any rights of compensation or ownership thereto.      2. If urther state that medical insurance is the responsibility of the Veteran and I understand HFC does not provide medical care. I understand and accept all risks associated with travel and any other HFC activities in which I participate and will not hold HFC, its staff, or volunteers, responsible for any injuries incurred by me while participating in said HFC activities.      3. Medical information provided on this application, and in subsequent interviews, will be used by the HFC medical team, volunteers, and staff in order to prepare for and appropriately manage the trip.      Acknowledged, agreed, and accepted by HFC applicant      Signature									
Please sign and MAIL this application to: Or SCAN, eMAIL, or FAX completed application to:								on to:		
<b>.</b>			eMail:		info@HonorFlightColumbus.org					
ATTN: VETERAN APPLICATION			Fax:		1-888-779-8806					
PO BOX 12036			Phone:		1-614-284-4987					
COLUMBUS, OH 43212-0036			Website:	www.Ho	norFlight	tColumbu	is.org			

Please do not hesitate to call or email us with any questions whatsoever!