

|                  | CO                  | CONFIDENTIAL |    |   |  |  |  |
|------------------|---------------------|--------------|----|---|--|--|--|
| <b>FLIGHT TO</b> | HONOR POLK USE ONLY |              |    |   |  |  |  |
| Last Name:       |                     |              |    |   |  |  |  |
|                  | Date Rec'd:         |              | /_ | / |  |  |  |

## **VETERAN APPLICATION**

The Flight to Honor Virtual Program (VHF) has been set up for those Veterans who are unable to participate in the normal program. Like the regular program:

- Vets participate on a first come, first served basis with preference given to WWII Vets and Vets who
  are terminally ill
- no medical condition will bar a Vet from participating but we will abide by what the Vet's family and physician think is best
- Vets pay nothing for their participation
- Flight to Honor will provide a Guardian

## YOUR INFORMATION:

| Your Name (First, Middle, Last): |                     |                 |                    | Nickname:                    |        |        |  |  |  |
|----------------------------------|---------------------|-----------------|--------------------|------------------------------|--------|--------|--|--|--|
| Address:                         |                     |                 |                    |                              |        |        |  |  |  |
| City:                            |                     | County:         |                    |                              | State: | _ZIP:  |  |  |  |
| Home Phone:                      | C                   | ell Phone:      |                    | D.O.B ( <i>MM/DD/</i> YYYY): |        |        |  |  |  |
| Email:                           |                     |                 |                    | Sex: _                       | Male   | Female |  |  |  |
| Your Shirt Size: Sm              | nall Medium         | Large           | Extra Large (      | XL) XXL                      | _ XXXL |        |  |  |  |
| EMERGENCY CONT                   | ACT INFORMAT        | ION:            |                    |                              |        |        |  |  |  |
| Contact's Name:                  |                     |                 |                    | Relationship:                |        |        |  |  |  |
| Home Phone:                      |                     | Cell Phor       | ne:                |                              |        |        |  |  |  |
| YOUR SERVICE HIS                 | TORY: (Check a      | II that apply): |                    |                              |        |        |  |  |  |
| World War II Kor                 | ean War Vi          | etnam War       | _ Gulf War         | Other:                       |        |        |  |  |  |
| Branch of Service:               |                     |                 |                    | Dates Served:                |        |        |  |  |  |
| Theater(s) Where You S           | Served:             |                 |                    |                              |        |        |  |  |  |
| Activity During Your Ser         | vice:               |                 |                    |                              |        |        |  |  |  |
| GENERAL INFORMA                  | TION:               |                 |                    |                              |        |        |  |  |  |
| May we contact you in the        | ne future about Fli | ght to Honor Po | lk events/activiti | es? Yes _                    | No     |        |  |  |  |
| Have you ever been on            | a tour before?      | _Yes No         |                    |                              |        |        |  |  |  |



## PROGRAM SUMMARY:

The flightless program consists of 4 elements:

- 1. A short introductory meeting where Vets meet their Guardians and some basic information about the program is provided.
- 2. An informal brunch where Vets, Guardians and their significant others get together and socialize.
- 3. The "flightless event" is a 5 hour activity.
- 4. The flightless Vets and Guardians will be invited to the spring or fall mission reunion.

## **INSTRUCTIONS:**

- 1. Fill out page 1
- 2. Mail completed page to:

Cornerstone Hospice and Palliative Care ATTN: Pat Gruber 2590 Havendale Blvd NW

Winter Haven, FL 33881

(Please put "Application" on the envelope)

If you wish to email the application, please send to <a href="mailto:pgruber@cshospice.org">pgruber@cshospice.org</a>

