



## LEATHERSTOCKING HONOR FLIGHT VETERAN APPLICATION

*Leatherstocking Honor Flight, a hub of the National Honor Flight Network, recognizes American Veterans for their sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. A trip of a Lifetime!*

*Top priority is given to WWII Veterans, elderly Veterans and terminally ill Veterans from all Eras. Veterans are taken on a first come first serve basis. Applications from all veterans will be kept on file. For what you and your comrades have given to us, please accept this as a small token of appreciation from all of us at Leatherstocking Honor Flight. Guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. Please attach a copy of photo ID/license when sending your application in.*

**Effective October 1, 2020 a REAL ID will be required to fly within the United States.**

NAME: \_\_\_\_\_ Nick name: \_\_\_\_\_ Male / Female

**\*\*NOTE: NAME MUST BE AS IT APPEARS on your ID for airline travel (license, passport, govt ID)**

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ County of Residence: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(HOME) (CELL)

T-shirt size: SM MED LG XL 2XL 3XL Weight: \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_\_ Veteran of WW II \_\_\_\_\_ Korean \_\_\_\_\_ Vietnam \_\_\_\_\_ Other Eras

Branch of service: \_\_\_\_\_ Rank or Specialty \_\_\_\_\_

Tell us about your time... Medals, ships, planes and battles (use back of sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

Do you have a Guardian to accompany you on the flight? **YES/ NO** If so, please list person & relationship

**\*This person MUST fill out a "Guardian Application"**

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

Phone: day ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

**\*\*\* Please list 2 contact people** (preferably a relative that we can contact if needed on travel day)

**#1 Name:** \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAY CELL

**#2 Name:** \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAY CELL

# CONFIDENTIAL Veteran Medical Information Form

**This helps us to assess the support we need during the trip. So please help us by completing your information below so we can assure you have a wonderful and special day.**

**Information is for Honor Flight and Medical Personnel ONLY.**

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

If YES, is it controlled with medication? **YES NO**

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

Do you have breathing problems? **YES NO** Do you use a home nebulizer? **YES NO**

Do you use oxygen at any time? **YES NO**

**If YES**, we will follow up and plan with you everything that is needed.

Do you have problems walking the length of a football field without assistance? **YES NO**

Please describe the reason(s) e.g.: lung problems, arthritis, heart problems, etc. \_\_\_\_\_

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

If yes, have you flown since the open head injury, sinus or ear problems? **YES NO**

If YES, did you have any problems? **YES NO**

If YES, It is strongly recommended that you discuss the trip with your private physician.

Do you have a urostomy or colostomy bag? **YES NO**. If YES, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Please circle any of the following items you use: **cane walker wheelchair scooter**

**Medications List** (use back sheet if you need more space)

<u>Medication</u>	<u>How Often</u>	<u>Medication</u>	<u>How Often</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? **YES NO** Please list:

\_\_\_\_\_

History of seizure? **YES NO** Describe type (i.e. grand mal, petit mal, other)

When was your last seizure? \_\_\_\_/\_\_\_\_/\_\_\_\_ If within the last 5 yrs, it is **STRONGLY** advised you to discuss with your private physician.

Additional Comments or Concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

**1.** As photographic and video equipment are frequently used to memorialize and document *Honor Flight/Leatherstocking Honor Flight* trips and 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 *Honor Flight/Leatherstocking Honor Flight* program. I hereby release the photographer and *Honor Flight/Leatherstocking Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight/Leatherstocking Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight/Leatherstocking Honor Flight* promotional material and publications, and waive any rights or compensation or ownership thereto. **2.** I further understand that *Honor Flight/Leatherstocking Honor Flight* does not provide medical care. I understand that I accept any risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight/Leatherstocking Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight/Leatherstocking Honor Flight* program.

NAME PRINTED \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

Authorize Leatherstocking Honor Flight officials to release my contact information (home phone and address) to others requesting individuals in the same flight for purposes of communication and camaraderie with the other participants.

Please circle one and initial: **YES**      **NO**      Initials: \_\_\_\_\_

**Elderly Veterans and Veteran’s spouses cannot serve as “Guardians”**

Please submit this form to:

Rhonda Cooper/Leatherstocking Honor Flight  
13 Native Dancer Lane, Saratoga Springs, NY 12866  
ATTN: Veteran Applications

Call Rhonda Cooper, Veteran Coordinator (518) 878-2257 if you have any questions

**Leatherstockinghonorflight.org**



**Land of the FREE  
Because of the BRAVE!**