



VETERAN APPLICATION

The mission of the Oklahoma Warriors Honor Flight is to transport WWII, Korea, Vietnam & terminally ill veterans from all wars to Washington, D.C. to see their memorials FREE of charge. Priority is given to WWII and terminally ill veterans. In order for Oklahoma Warriors Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. **Guardians cannot be a spouse/significant other and must be between 18-70 years of age. Guardians are required to pay their expenses and must attend a mandatory training session. The Guardian fee is \$500 and is non-refundable.** For more information, please contact us at info@oklahomawarriors.org, 888-819-2119 or visit www.oklahomawarriors.org

Veteran must bring a current form of government issued ID on flight day

Name: _____ Preferred Name: _____
PRINT first, middle and last name as it appears on your ID

Address: _____

City: _____ State: _____ Zip: _____

PHONE: Day: _____ Evening: _____ Cell: _____

E-Mail: _____ Weight: _____ Date of Birth: _____

Gender (circle one): M F Shirt Size (circle one): S M L XL XXL XXXL

PRIMARY EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT (son, daughter, etc.):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell: _____

SERVICE HISTORY Branch of Service (circle one): Army Air Force Navy Marines Coast Guard

Rank: _____ War Conflict (circle one): WWII KOREA VIETNAM Other: _____

Dates Served in the Military: _____

Activities During Military Service: _____

Interesting Experiences During Military Service: _____

MEDICAL: Information provided will not disqualify you. It permits us to assess the support we need during the trip. Information provided here is for Honor Flight and medical personnel only.

MEDICATION TAKEN	HOW OFTEN?	MEDICATION TAKEN	HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CIRCLE ANY MOBILITY EQUIPMENT USED: Cane Walker Wheelchair Scooter

PLEASE CIRCLE A YES OR NO FOR THE FOLLOWING QUESTIONS:

If wheelchair/scooter selected, are you able to transfer out, walk, ascend and descend tour bus steps with assistance? **YES NO**

Do you require a wheelchair the day of the flight? **YES NO**

Do you have a DNR (do not resuscitate)? **YES NO**

Do you use oxygen at any time? **YES NO** If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have any drug allergies? **YES NO** If YES, please describe: _____

Do you have a history of seizure? **YES NO** Please describe what type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____ If within past 5 years, it is STRONGLY advised you discuss trip with your private physician!

Do you have problems with motion sickness (sea or air)? **YES NO** If yes, is it controlled with medications? **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 any breathing problems? **YES NO** If YES, please describe: _____

Do you use a home nebulizer machine? **YES NO** If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

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

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 occurred? **YES NO** If YES, did you have any problems? **YES NO** If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise 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 flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.

Do you have any special dietary needs/requirements? **YES NO** If YES, please list/explain below.

Additional Comments or Concerns: _____

How did you hear about the Honor Flight? _____

Are you requesting to travel with a specific guardian? **YES NO** If YES, what is the Guardian's name? _____

Guardian must be between 18-70 years if age, **CANNOT be a spouse/significant other, and MUST have a guardian application on file BEFORE you are notified of your flight date.** We cannot guarantee requested guardians after the veteran has been notified for their flight date.

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 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 Oklahoma Warriors Honor Flight program. I hereby release the photographer and Oklahoma Warriors Honor Flight from all claims and liability relating to said photographs. 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 Oklahoma Warriors Honor Flight promotional material and publications and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that Oklahoma Warriors Honor Flight, the providers of air/ground transportation and housing services do not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Oklahoma Warriors Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of the Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

Please submit this **COMPLETED** form to:

Oklahoma Warriors Honor Flight
Attn: Veteran Application
P.O. Box 375
Colcord, OK 74338

or via email to: applications@oklahomawarriors.org

If you have any questions, please contact us at 888-819-2119