



Space Coast Honor Flight Veteran Application

For Honor Flight Use Only

Last Name _____ Date _____
☐ World War II ☐ Korean War ☐ Vietnam
☐ Snowbird ☐ Guardian ☐ Ops

Space Coast Honor Flight wishes to recognize your service by flying you to Washington, D.C. to see your memorials with an all-expense paid trip. Top priority is given to terminally ill Veterans from any war, World War II Veterans, Korean War Veterans, Vietnam Veterans, and then those from later conflicts. Priority will be based on the receipt date of the application. A Guardian Escort accompanies each Veteran to provide assistance and to help ensure a safe, memorable, and rewarding experience. For further information, please call **1-321-456-7031**, email veteran@spacecoasthonorflight.org, or find us on the web at www.spacecoasthonorflight.org.

YOUR INFORMATION

Your Full Name _____ **Badge Nickname** _____

(for airline security and travel purposes, name information must match your driver's license or state issued picture identification)

Street Address _____ **City** _____

County _____ **State** _____ **ZIP** _____

Primary Phone _____ **Cell Phone** _____

Email Address _____ **Birthdate (mm/dd/yyyy)** _____

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL **Gender:** ☐ Male ☐ Female

Weight (must have) _____ **Height** _____

SERVICE HISTORY

Hometown _____ **Military Branch** _____

Rank _____ **Service Dates: From** _____ **To** _____

Career Field/Units Assigned/Locations

If you would like to have a specific relative or friend serve as your Guardian Escort, please provide his/her name and phone number. Your **spouse is NOT eligible** to serve as your guardian. A child, grandchild, relative, or friend is welcome to apply as your Guardian Escort (must be between the ages of 18 and 70). He/she must submit a Guardian application (available at www.spacecoasthonorflight.org).

Requested Guardian Name _____ **Phone** _____

Relationship of Guardian _____

If you wish to experience your trip to Washington, D.C. with a Veteran buddy, please list his/her name and phone number. Your Buddy must also submit an application and we suggest submitting your applications together.

Veteran Buddy's Name _____ **Buddy's Phone** _____

Veteran's Name _____

VETERAN CONTACTS

Spouse

Name _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

In case of Emergency, call (someone available the day you travel and not traveling with you)

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Family – Not your spouse

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Friend, Neighbor, or Other Family

Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Cell Phone _____

Email Address _____

Veteran's Name _____

VETERAN MEDICAL INFORMATION

- Please list any chronic illnesses (i.e., cancer, Parkinson's, heart issues, etc.) and the date of diagnosis: (Information is for scheduling purposes and does not exclude you from a trip.)

- Do you normally use mobility assistance? ☐ Wheelchair ☐ Walker ☐ Cane ☐ None

Note: We provide a wheelchair for every Veteran and will not take a personal wheelchair, walker, or Motorized Unit on the trip. You may bring a personal cane if desired.

- Are you able to go up/down 6 steps to get on/off the bus with help? ☐ No ☐ Yes

- Do you have a history of Epilepsy or seizures? ☐ Yes ☐ No

If Yes, please describe: (i.e., grand mal, petit mal, other) _____

When was your last seizure? _____

- Have you had a stroke? ☐ Yes ☐ No

If Yes, when? _____

- Are you short of breath after exerting yourself? ☐ Yes ☐ No

- Do you carry an inhaler? ☐ Yes ☐ No

- Do you use Oxygen at any time? ☐ Part time ☐ Full time ☐ No

Note: If you use oxygen, your physician must write a prescription for oxygen to be used during the trip.

Oxygen will be provided by Space Coast Honor Flight. The prescription MUST be turned in at Orientation.

- Do you have kidney problems? ☐ Yes ☐ No

– Are you on dialysis? ☐ Yes ☐ No

– Do you have a urostomy or colostomy bag? ☐ Yes ☐ No

Note: If Yes, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, you must discuss the issue with your private physician.

- Are you Diabetic? ☐ Yes, diet controlled ☐ Yes, Insulin dependent ☐ No

– Does your medication require refrigeration? ☐ Yes ☐ No

– Do you carry glucose with you? ☐ Yes ☐ No

Note: If you are insulin dependent, your physician must write a prescription for insulin to be used during the trip.

- Do you have a pacemaker/internal defibrillator? ☐ Yes, pacemaker ☐ Yes, AICD ☐ No

- Please list any drug allergies: _____

- Please list any other area(s) of concern: _____

Veteran's Name _____

- Are you a Snowbird? ☐ Yes ☐ No Dates: From _____ To _____
 - Snowbird Address _____
 - Snowbird Phone _____
- How did you find out about Honor Flight? _____

Your application will be entered into our database based on the date received. Priority goes to any critically ill Veteran, then WWII Vets (service 1948 and earlier), then Korean War Vets (service 1949 – 1954), then Vietnam (service 1955 – 1975), and then any service 1976 to the present.

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I state that the information provided in this application reflects a true and accurate summary of my personal status to the best of my ability.
2. I also state that I understand that personal medical insurance is my responsibility and I understand that Space Coast Honor Flight does not provide medical care for me. I understand that I accept all risks associated with travel and other Space Coast Honor Flight activities and will not hold Space Coast Honor Flight staff and registered Honor Flight volunteers encountered during related activities responsible for any injuries or illness incurred by me while participating in the Space Coast Honor Flight program.
3. As photographic, video, and audio equipment are frequently used to memorialize and document Honor Flight trips and events, my 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 program. I hereby release the videographer/photographer and Space Coast Honor Flight from all claims and liability relating to said images. 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 Honor Flight promotional material and publications, and waive any rights of compensation or ownership thereto.
4. I acknowledge that this application consists of 4 pages.

Print Your Name _____ **Signature** _____ **Date** _____

We must have all 4 pages completed before your application will be accepted.

Please Mail this form to:
Veteran Coordinator
Space Coast Honor Flight
PO Box 560975
Rockledge, FL 32956

