



Puget Sound Honor Flight Veteran Application

Puget Sound Honor Flight recognizes America's veterans for their service and sacrifice by flying them to Washington, D.C. to visit and reflect at their memorials, at **no cost to the veteran**. We are currently honoring veterans that served in WWII, Korean and Vietnam Wars and all time frames in between. Priority is categorized first by conflict/service era, then by postmark date. All Puget Sound Honor Flight trips depart and return from Sea-Tac International Airport. For further information, please contact us at 253-303-1130 or online at www.pugetsoundhonorflight.org

Please submit **all four pages** of this form with required signature(s) as soon as possible to:

Puget Sound Honor Flight
Attn: Veteran Application
17837 1st Ave S. PMB144
Normandy Park, WA 98148

OR email application to:
info@pugetsoundhonorflight.org

Your name: _____ Nickname: _____
(as it appears on your state ID for airline travel) (if applicable)

Address: _____ City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Date of birth (month/day/year): ____ / ____ / ____ Age: ____ Ht/Wt: _____

Gender: Male Female T-shirt size: S M L XL XXL XXXL XXXXL

How did you hear about Puget Sound Honor Flight? _____

I am a: WWII Veteran Korean War Veteran Vietnam War Veteran Other Era

Dates you served in the military (month/year to month/year): ____ / ____ to ____ / ____

Branch of service: Army Air Force Marines Coast Guard Navy
Merchant Marines Other Rank: _____

Home Town (city and state you entered the service): _____

Country(ies) where you served: _____

Activity during your service: _____

CONTACT INFORMATION

Primary emergency contact (someone not traveling with you):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, friend):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, friend):

Name: _____ Relationship: _____

Address: _____ City/State: _____

Primary phone: _____ Cell: _____

Email: _____

BUDDY INFORMATION

If you and a fellow veteran from the same era would like to travel together, **please ask him/her to complete a Veteran Application.** In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's Name: _____ Buddy's Phone: _____

GUARDIAN INFORMATION

To help ensure a safe and memorable experience, Puget Sound Honor Flight assigns guardians to each veteran making the trip. These guardians are responsible for being by the veteran's side to assist with baggage, mobility, wellness and keeping on schedule. You have the option to select a relative or friend to take along as your guardian, particularly if you have specific mobility or health needs. Please list their contact information below and have them also submit the guardian application available on our website. This will assure they will be considered, however selection is NOT guaranteed. **NOTE:** Guardians should be aged 18-65, in good health, **cannot** be a spouse or significant other, and must make a donation of \$1,000 to cover their travel expenses.

www.pugetsoundhonorflight.org

Requested guardian name: _____

Phone: _____ Email: _____

Additional comments: _____

YOUR MEDICAL INFORMATION

The following medical information is required for Puget Sound Honor Flight volunteer, medical and administrative staff, in order to ensure that your trip is safe and memorable.

Check mobility equipment used: Cane Walker Wheelchair Scooter None

If you are in a wheelchair, are you able to climb 5-6 stairs with assistance? Yes No

Do you have a history of seizures? Yes No

Are you allergic to any food or medication? Yes No

If yes, please describe _____

Do you have any breathing problems? Yes No

If yes, please describe _____

Do you utilize supplemental oxygen at any time? Yes No

Portable oxygen concentrators are not provided. Veterans must have their own or procure one prior to travel.

Do you smoke? Yes No

Do your mobility or breathing problems prevent you from walking longer distances (i.e. length of a football field)? Yes No

If yes, please describe _____

Do you have diabetes? Yes No

If yes, is your medication injected or oral? Injected Oral

Does your medication need to be refrigerated? Yes No

Do you check your blood sugar regularly*? Yes No

***If yes, you are required to bring your own glucometer and supplies for the trip**

Are there any other medical conditions we need to be made aware of? Yes No

If yes, please describe _____

Are there any other medical equipment/supplies that you use on a regular basis? Yes No

If yes, please describe _____

MEDICATIONS (If necessary, please attach additional sheets):

MEDICATION/DOSAGE

MEDICATION/DOSAGE

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document **Puget Sound Honor Flight (PSHF)** 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 PSHF program. I hereby release the photographer and PSHF from all claims and liability relating to said photographs. I hereby give permission for my images captured during PSHF activities through video, photo, or other media, to be used solely for the purposes of PSHF promotional material and publications, and waive any rights or compensation or ownership thereto.

I also understand that PSHF officials may release my contact information (mailing address, phone and/or email address) to requesting individuals on the flight for the sole purpose of communication and camaraderie with the other trip participants.

I further state that medical insurance is the responsibility of the traveler and I understand that neither PSHF nor the Flight Provider provides medical care. I understand that I accept all risks associated with travel and other PSHF activities and will not hold PSHF, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of PSHF responsible for any injuries incurred by me while participating in the Puget Sound Honor Flight program.

The undersigned acknowledges and agrees that the information on this application is correct. Please print your name and sign below it:

Print name: _____ **Date:** _____

Signature: _____

If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

Print name: _____ **Relationship:** _____

Signature: _____ **Date:** _____

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