

# **The Sullivan-Hartogh-Davis, Cedar Valley Honor Flight** **Accepting WWII, Korean and Viet Nam Veterans Applications.** **VIET NAM VETERAN APPLICATIONS will only be accepted from these** **counties: Black Hawk, Bremer, Buchanan, Grundy and N. Tama.**

The **Honor Flight** recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to visit your memorial at no cost to you. Priority is given to WW II, Korean and terminally ill veterans from all wars. Applications will only be accepted if you are a WWII, Korean, or Viet Nam War Veteran, or you are a veteran who has been defined with a terminal illness from all wars. Viet Nam veteran applications will only be accepted from the counties listed above. Any other applications may be rejected. Our flights depart from the Waterloo Municipal Airport.

**FORM UPDATED 1/26/2016**

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_

**(As it appears on your government or state ID for airline travel)**

(If Applicable)

IF FEMALE VETERAN, what was your name when you entered the service: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

WINTER PHONE NUMBER (For those of you who are Snowbirds): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Birth date (M/D/Y) \_\_\_\_\_ AGE: \_\_\_\_\_

SHIRT SIZE: (S, M, L, XL, 2XL, 3XL) \_\_\_\_\_ (If in doubt, go one size larger, better to have a shirt too large than one too small)

**ALTERNATE CONTACT** (son, daughter, etc. **NOT SPOUSE**): NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available at home the day you travel):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY:** BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_ to \_\_\_\_\_ (WWII 12-7-41-7-26-47; Korea 6-25-50-12-31-60; Viet Nam; 2-28-61-5-7-75)

HOME TOWN (from which city and state did you enter the service?): \_\_\_\_\_

**PLEASE INDICATE--DID YOU SERVE DURING THIS WARS: WWII, YES or NO KOREAN, YES or NO VIET NAM, YES or NO**

Activity during wartime: \_\_\_\_\_

**IMPORTANT MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY AND WILL REMAIN CONFIDENTIAL.**

- Do you use **mobility equipment?** YES or NO. If YES, please circle one: **CANE WALKER WHEELCHAIR SCOOTER**
- Do you have **balance issues** or problems with being **dizzy?** YES or NO
- Do you use **oxygen** at any time? YES or NO If YES, you will need your private physician to write a prescription for oxygen to be used during the tour after you are notified you are scheduled for a flight. Your oxygen will be provided by Honor Flight based upon your physician's prescription.
- Do you have any **breathing problems?** YES or NO. If YES, describe: \_\_\_\_\_

**YOU MUST TURN OVER AND COMPLETE BACK PAGE**

- Do you use a home **nebulizer** machine? **YES** or **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** or **NO** If yes, describe the reason (e.g. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_
- Do you have any **drug allergies**? **YES** or **NO** If so, what? \_\_\_\_\_
- Do you have a history of **seizure**? **YES** or **NO** Please describe what type (i.e. grand mal, petit mal, other): \_\_\_\_\_  
When was your last seizure? \_\_\_\_\_. If within 5 years, STRONGLY advised you discuss trip with your private physician!
- Do you have problems with **motion sickness**? **YES** or **NO** If yes, is it controlled with medications? **YES** or **NO**
- Do you have a history of **open head injuries, sinus problems, or ear problems**? **YES** or **NO**  
If YES, have you flown since the open head injury, sinus or ear problems occurred? **YES** or **NO**  
If YES, did you have any problems? **YES** or **NO** If YES, it is STRONGLY advised you discuss the trip with your private physician.
- Do you have a **ostomy or colostomy bag**? **YES** or **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.

Additional Comments or Concerns: \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN – We ask that you go back over your application making sure you have completed ALL questions:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, my image may appear in a public forum, such as—but not limited to—the media or a website, to acknowledge, promote, or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from any and all claims and liability relating to said photographs. My signature below hereby grants permission for use of my image captured during **Honor Flight** activities through any form of media, to be used solely for the purposes of **Honor Flight** promotional material and publications. I waive any and all rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran, Volunteer, or Guardian and I understand that neither **Honor Flight** nor the provider of private aircraft (a.k.a. "Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight** Network activities and will not hold **Honor Flight**, the Flight Provider, or any person – volunteering, appearing, or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight** – responsible for any injuries incurred by me while participation in the **Honor Flight** program.

SIGNED: \_\_\_\_\_

MO/DAY/YEAR: \_\_\_\_/\_\_\_\_/\_\_\_\_ (We must have original applications, no fax or scanned copies can be accepted)

**Please submit this form ALONG WITH A COPY OF YOUR DRIVERS LICENSE OR LEGAL PHOTO ID to:**

**The Sullivan-Hartogh-Davis, Cedar Valley Honor Flight  
P. O. Box 182  
Cedar Falls, Iowa 50613**

Email for questions: [whitedog67@q.com](mailto:whitedog67@q.com) or [fmagsbhc@hotmail.com](mailto:fmagsbhc@hotmail.com)

Visit our Website: [www.cedarvalleyhonorflights.org](http://www.cedarvalleyhonorflights.org) , Email: [veterans@cedarvalleyhonorflights.org](mailto:veterans@cedarvalleyhonorflights.org) ,  
we can also be located on Facebook: Cedar Valley Honor Flights