



# Veteran Application

Honor Flight Historic Triangle Virginia recognizes our WWII veterans for their sacrifices and achievements by taking every World War II veteran in the Hampton Roads area that is able and has not visited the World War II Memorial built in their honor on a charter bus day trip to Washington, DC. Top priority (for which we are currently accepting applications) is given to WW II veterans and terminally ill veterans from all wars. Space is limited and applications are processed on a first come first served basis. Please submit your application as early as possible. If you are unable to make the trip on the next scheduled date, you will be continued on the list for the next trip. So that Honor Flight Historic Triangle Virginia may help ensure a safe, memorable and rewarding experience, Guardians accompany the veterans on every bus trip providing assistance and support. For what you and your band of brothers and sisters have given, please consider this a small token of appreciation from all of us at **Honor Flight Historic Triangle Virginia**. For further information, please contact us via e-mail at [HonorFlightHTVA@cavtel.net](mailto:HonorFlightHTVA@cavtel.net) or by phone at 1-877-424-VETS (8387) or visit our website at [www.HonorFlightHTVA.org](http://www.HonorFlightHTVA.org).

**Contact Information:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Nickname: \_\_\_\_\_  
 (As it appears on your ID for travel) (If Applicable)

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

How did you hear about Honor Flight Historic Triangle Virginia? \_\_\_\_\_

Tee Shirt/Jacket Size: S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_

Home Town (From which city and state did you enter the service?): \_\_\_\_\_

**Emergency Contact (Someone available by phone the day you travel and not traveling with you on the trip)**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Family Contact - (Spouse, Son, Daughter, Niece, Nephew, etc.)**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Additional Family / Friend Contact**

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

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

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

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Service History**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Activity during WII: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical: Information provided will NOT disqualify you. It permits us to assess the support we need to provide during the trip. Information is for Honor Flight Historic Triangle Virginia and volunteer medical personnel only.**

**Drug Allergies:** List any drug allergies you may have: \_\_\_\_\_

\_\_\_\_\_

**Medications** (Name of medication(s) / dosage and frequency / time(s) of day taken):

<u>Medication / Dosage</u>	<u>Frequency / Times Taken?</u>	<u>Medication / Dosage</u>	<u>Frequency / Times Taken?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you use mobility equipment?  Yes  No

If Yes, please check all that apply:  Cane  Walker  Wheelchair  Scooter

Do you have a problem walking the length of a football field unassisted?  Yes  No

If Yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc.):

\_\_\_\_\_

Do you have diabetes?  Yes  No

If Yes, how is it controlled (diet, oral medication, insulin): \_\_\_\_\_

Do you have a history of seizures?  Yes  No

Please describe: \_\_\_\_\_ (i.e. grand mal, petit mal, other)

If yes, what was the date of your last seizure? \_\_\_\_\_

(If within the last 5 years, we **STRONGLY** advise you discuss the trip with your private physician.)

Do you have problems with **motion sickness (car or bus)**?  Yes  No

If yes, is it controlled with medications?  Yes  No

If motions sickness is not controlled with medication, it is **STRONGLY** advised that 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 use **oxygen** at any time?  Yes  No

If Yes, your private physician must write a prescription for oxygen to be used during the trip and during the tour. Oxygen will be provided by Honor Flight Historic Triangle Virginia. The prescription should be turned in with your application.

Do you have **vision problems which require you to have personal assistance during the trip**?  Yes  No

If Yes, explain: \_\_\_\_\_

Do you have **hearing problems which require you to have personal assistance during the trip**?  Yes  No

If Yes, explain: \_\_\_\_\_

Do you have a **urostomy or colostomy bag**?  Yes  No

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

Is there a veteran or Guardian that you would like to accompany you on this trip?

Name: \_\_\_\_\_ (Check One -WWII Vet  or Guardian  Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Every effort will be made to comply with your request but we cannot guarantee this will happen. Each veteran must submit their own application form.  
Spouses of veterans CANNOT be Guardians.

The requested Guardian must submit a Guardian Application, must agree to make the minimum \$75.00 Guardian donation to cover his/her expenses and must attend mandatory Guardian training which will be scheduled within the month prior to the trip.

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 Historic Triangle Virginia*** trips and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the ***Honor Flight Historic Triangle Virginia*** program. I hereby release the photographer and ***Honor Flight Historic Triangle Virginia*** from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during ***Honor Flight Historic Triangle Virginia*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight Historic Triangle Virginia*** promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for us to promote the program to other veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction before the trip

2) I further state that medical insurance is my responsibility and I understand that ***Honor Flight Historic Triangle Virginia*** does **not** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight Historic Triangle Virginia activities*** and will not hold ***Honor Flight Historic Triangle Virginia*** responsible for any injuries incurred by me while participating in the ***Honor Flight Historic Triangle Virginia*** program.

**COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Honor Flight Historic Triangle Virginia, Inc. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against the organization known as Honor Flight Historic Triangle Virginia, Inc. for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight Historic Triangle Virginia, Inc. organization.

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Historic Triangle Virginia, Inc. organization for all damages, expenses and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight Historic Triangle Virginia, Inc. activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight Historic Triangle Virginia, Inc. organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Historic Triangle Virginia, Inc. organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight Historic Triangle Virginia, Inc. organization which is caused by my simple negligence.

I further understand that the term Honor Flight Historic Triangle Virginia, Inc. organization includes the non-profit organization known as Honor Flight Historic Triangle Virginia, Inc., any officer, agent and/or employee thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print, sign / date, and submit this form to:

**Honor Flight Historic Triangle Virginia**  
**Attn: Veteran Application**  
**P.O. Box 798**  
**Lightfoot, Virginia 23090-0798**

or fax it to **(757) 257-0356**