

FOR HONOR FLIGHT MAINE USE ONLY: LAST NAME: _____ DATE RECEIVED: ____/____/____

Veteran Application



Honor Flight Maine recognizes American Veterans for your sacrifices and achievements by having you to Washington DC to see YOUR memorial at no cost. Top priority is given to WWII and terminally ill veterans from all wars, then Korean and Vietnam Veterans. For Honor Flight Maine to achieve this goal, guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight Maine. For further information, please contact us at 207.370.7210 or visit us at www.honorflightmaine.org.

YOUR NAME: _____ NICK NAME: _____
(First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

ADDRESS: _____ GENDER ___ M ___ F

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____
T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

PREFERRED DEPARTING AIRPORT (Circle one or more): Portland Bangor Rockland Presque Isle-Caribou
Bar Harbor Augusta Millinocket Islesboro Other: _____

I do NOT want to fly. Only interested in GROUND transportation to Washington D.C.: YES NO Doesn't Matter

ALTERNATE CONTACT (son, daughter, etc): NAME: _____
PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):
Name: _____ Relationship: _____
Address: _____
PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____
HOME TOWN (from which city and state did you enter the service?): _____
ACTIVITY DURING WWII, KOREA OR VIETNAM: _____

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

Do you use mobility equipment? MEDICATION	YES TAKEN HOW OFTEN?	NO. TAKEN HOW OFTEN?	If YES, please circle device: MEDICATION	CANE WALKER WHEELCHAIR SCOOTER	TAKEN HOW OFTEN?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE COMPLETE THE SECOND PAGE!

Do you have any **drug allergies**? _____

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, **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 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 a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): _____

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.

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 Maine** 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 **Honor Flight Maine** program. I hereby release the photographer and **Honor Flight Maine** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Maine** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Maine** 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 neither Honor Flight Maine nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Maine activities and will not hold Honor Flight Maine, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight Maine responsible for any injuries incurred by me while participating in the Honor Flight Maine program.

SIGNED: _____

DATE: ____/____/____ (E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:

**Honor Flight Maine
ATTN: Veteran Application
PO Box 1770
Portland, Maine 04101-1770**

You can also scan and email your application to MaineHonorFlight@Gmail.com

ONLINE applications are also accepted at our website: www.HonorFlightMaine.org