



# VETERAN APPLICATION



Honor Flight® of West Central Florida, Inc. (“Honor Flight”) recognizes America’s Veterans for their sacrifice and service by flying you **FREE OF CHARGE** to Washington, D.C. to visit and reflect at the memorial dedicated in your honor. This is a one-day trip to Washington flying from St. Pete/Clearwater Airport in Clearwater, FL. Top priority is given to WWII and terminally ill Veterans. Once these groups have flown, Honor Flight is committed to fly Veterans from the Korean, Vietnam and Gulf wars. For what you have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For more information, please contact us at [info@honorflightwcf.org](mailto:info@honorflightwcf.org), call us at 727-498-6079 or visit our website at [www.honorflightwcf.org](http://www.honorflightwcf.org).

**YOUR NAME:** \_\_\_\_\_ **SEX:** M or F  
*First Middle Last*

**(Name must match photo ID with D.O.B. for airline travel – Driver’s License, passport, VA ID card, etc.)**

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

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_

*\*REQUIRED (MM/DD/YYYY)*

**YOUR SHIRT SIZE:**  Small  Medium  Large  Extra Large (XL)  XXL  XXXL

**EMERGENCY CONTACT INFORMATION (SPOUSE OR OTHER – NOT GUARDIAN ON FLIGHT):**

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

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT INFORMATION (NOT SPOUSE OR GUARDIAN ON FLIGHT):**

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

**PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## SERVICE HISTORY

I am a:  WWII Veteran  Korean War Veteran  Vietnam War Veteran  Other: \_\_\_\_\_

**BRANCH OF SERVICE:** \_\_\_\_\_ **DATES SERVED:** \_\_\_\_\_

**PLACES WHERE YOU SERVED:** \_\_\_\_\_

**ACTIVITY DURING YOUR SERVICE:** \_\_\_\_\_

## GENERAL INFORMATION

May we contact you in the future about Honor Flight activities/events?  YES  NO

Have you ever been on an Honor Flight tour before?  YES  NO

## BUDDY INFORMATION

If you and a fellow Veteran 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: \_\_\_\_\_ Phone: \_\_\_\_\_

## GUARDIAN INFORMATION

To help ensure a safe and memorable experience, Honor Flight will assign you your own personal "Guardian" for the day. Your trained "Guardian" will provide excellent care and is responsible for being by your side throughout the trip.

If there is someone specific (**ages 18-70**) you would like to be considered to act as your Guardian, please list that person's contact information below. The Guardian Application found at [www.honorflightwcf.org](http://www.honorflightwcf.org) must be completed by your potential Guardian and submitted with your Veteran Application to assure consideration, however selection is NOT guaranteed. **Your spouse/significant other is NOT eligible to be your guardian.**

Requested Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

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## MEDICAL INFORMATION

The purpose of this form is to provide Honor Flight and/or emergency medical technicians information about the participants should an emergency arise.

Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

- Do you use mobility equipment? Yes \_\_\_\_\_ No \_\_\_\_\_
- Check any that you use: Cane: \_\_\_\_\_ Walker: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Scooter: \_\_\_\_\_  
\*\*HFWCF will provide each Veteran a wheelchair if needed.  
We cannot take mobility walkers or scooters on the flight.
- Please circle your ability to walk two blocks?  
A. Easily, can walk more      B. Can but slowly      C. Would need some assistance
- Are you able to climb up and go down 6 steps on the bus? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you fallen in the past 3 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical limitations that we should know about?

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Do you have any concerns about traveling?

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### Veteran Medical Information:

1. Have you received your COVID- 19 Vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you received the COVID-19 Booster shot? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you use Oxygen: Yes \_\_\_\_\_ No \_\_\_\_\_ \*\*If yes, you will need a current script with flow rate from your doctor.
4. Asthma: Do you use an inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you travel with a service animal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what service does this animal provide? \_\_\_\_\_
6. Are you diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, oral \_\_\_\_\_ injected \_\_\_\_\_  
Does your medicine require refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you carry glucose with you? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, allergic to \_\_\_\_\_

OVER PLEASE

8. Heart Attack: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

By-pass Surgery: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

Pacemaker: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

9. Stroke: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

10. Eye Problem: If yes, what kind: \_\_\_\_\_

11. Do you have difficulty hearing: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing aids: Yes \_\_\_\_\_ No \_\_\_\_\_

12. CPAP: Yes \_\_\_\_\_ No \_\_\_\_\_ (continuous positive airway pressure machine)

13. Bladder Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you use a catheter: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*If yes, please bring a catheter along with you on the trip.**

14. Are you incontinent: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you wear Depends: Yes \_\_\_\_\_ No \_\_\_\_\_

15. Motion Sickness: Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do you have a history of seizures: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of last seizure \_\_\_\_\_

17. Do you have a history of open head injuries, sinus problems or ear problems: Yes \_\_\_\_\_ No \_\_\_\_\_

18. Any health problems not listed above? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICATIONS

Name of Medication	What for?
1	
2	
3	
4	
5	
6	

**Attach additional Medications to this form if needed.**

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to 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 any photographer/videographer and Honor Flight from all claims and liability relating to said photographs/videos. 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 or compensation or ownership thereto.
2. I understand that I may be featured on news reports or in photographs or video taken by media or news outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight will NOT provide my name, address, telephone number, or any other personal information to any news or media outlet personnel.
3. I understand that Honor Flight will not provide my address, telephone number or any personal information to anyone without my permission or without permission from the Board of Directors of Honor Flight.
4. I understand that medical insurance is the responsibility of the individual passenger and I understand that Honor Flight does NOT provide medical insurance or travel insurance. I understand that Honor Flight personnel do NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**Please mail the completed application to:**

**Honor Flight of West Central Florida  
P.O. Box 55661  
St. Petersburg, FL 33732**



## Veteran Covenant Not to Sue and Indemnity Agreement



I agree to voluntarily participate in various activities including, but not limited to, a round-trip flight arranged by Honor Flight® of West Central Florida, Inc. ("Honor Flight"). 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 Honor Flight 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 Honor Flight.

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 Honor Flight 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 activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of Honor Flight.

I understand and agree that I may be held liable for any damages or loss to Honor Flight which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to Honor Flight which is caused by my negligence.

I further understand that Honor Flight organization includes the non-profit organization known as Honor Flight® of West Central Florida, Inc. and any officer, director, agent and/or employee thereof.

DATE	SIGNATURE	DATE OF BIRTH
PRINT NAME		
SIGNATURE OF HONOR FLIGHT OFFICIAL		

Please mail the completed application to:

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**P.O. Box 55661**  
**St. Petersburg, FL 33732**