



Heartland Honor Flight

www.heartlandhonorflight.org

PLEASE MAIL YOUR COMPLETED,
SIGNED AND DATED APPLICATION TO:

Heartland Honor Flight
Attention: Veteran Applications
P.O. Box 12047
Kansas City, MO 64152

HHF App Contact _____ App Rcvd _____

Please check your application carefully:

Did you:

- fill out your enlistment date?
- fill out your alternate and emergency contacts?
- sign and date your application?

Failure to complete each section will result in your application being placed on hold.

****WWII VETERAN APPLICATION****

YOUR NAME AS IT APPEARS ON THE GOVERNMENT ISSUED PHOTO ID YOU WILL HAVE WITH YOU ON THE DAY OF TRAVEL:

LAST: _____ **FIRST:** _____ **MIDDLE** _____

Name as you want it on your name tag: _____ Birth-date (mo/date/year) _____ Gender: _____

Address: _____ City: _____

State: _____ Zip: _____ EMAIL ADDRESS _____

Phone: HOME () _____ - _____ Cell () _____ - _____

Preferred contact phone number: HOME CELL ***T-Shirt Size: **S M L XL XXL XXXL**

SERVICE HISTORY: Branch of Service _____ YEAR you enlisted: 19 _____ YEAR separated: 19 _____

Where did you serve? _____

Alternate Contact (son, daughter, etc.): Name: _____

Relationship: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: **HOME** () _____ - _____ **CELL** () _____ - _____

Emergency Contact (someone available the day you travel-**CAN NOT BE THE SAME AS YOUR ALTERNATE**)

NAME: _____

Relationship: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: **HOME** () _____ - _____ **CELL** () _____ - _____

Medical: Only in rare cases will your medical condition prevent you from participating. You and your physician are the best ones to know whether or not you can endure the rigors of a long day of travel. The questions below are asked so we can assess the support we need during the trip. The information provided will not be shared with anyone outside Heartland Honor Flight and the medical personnel we have on the trip.

1. Do you use any of the following? NO Yes: Cane Walker Wheelchair Scooter
2. Can you walk the length of a football field without assistance? Yes No
3. Can you climb up/down six steps with the assistance of only a hand rail? Yes No
4. Do you have any drug allergies? Yes No
5. Do you have breathing problems? Yes No
6. Do you use oxygen at any time? Yes No
7. Do you use a home nebulizer machine? Yes No
8. Do you have problems with motion sickness? Yes No
9. Do you have a urostomy or colostomy bag? Yes No
10. Do you have a history of sinus or ear problems? Yes No
11. Do you have a history of seizures? Yes No

If you answered **Yes** to any of questions 5 through 11, we strongly advise you to discuss this trip with your private physician. Also, if you have a terminal condition but you and your physician agree you are presently able to travel, please include with this application a letter from your physician indicating what your situation is and that he or she agrees you are able to travel at this time. Veterans with terminal conditions are given priority on our waiting list.

Additional Comments / Concerns: _____

<u>Medication</u>	<u>Taken How Often</u>	<u>Medication</u>	<u>Taken How Often</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby release Heartland Honor Flight from all claims and liability relating to photographs and/or video that may be taken of participants while on a trip and which may later appear in a public forum such as the media or on a website. I further give my permission for my images captured during Heartland Honor Flight activities to be used for promotional purposes and waive any rights or compensation or ownership of these images.

I understand that I am responsible for my own medical/health insurance, that I accept all risks associated with the travel and that Heartland Honor Flight does not provide medical care and is not responsible for any injuries incurred by me while participating in the event.

Signed: _____ **Date:** ____/____/____