



☆☆☆ **VETERAN APPLICATION** ☆☆☆

Honor Flight Columbus (HFC) recognizes America's senior Veterans for their service, sacrifice, and accomplishments by transporting them to Washington D.C. to see the memorials, at **no cost** to the Veteran. HFC will assign a trained Guardian who will help facilitate the trip and provide assistance and support as needed.

Currently, HFC recognizes any Veteran age 65 and over with at least one day of FULL-TIME active duty service beyond basic training.

COPY YOUR NAME and BIRTHDATE – exactly as it appears on your valid Photo ID or REAL ID (driver's license, passport, DOD, VHIC, etc - for TSA/ticketing)

CONTACT INFORMATION	First	Middle (as on ID)	Last	Preferred Name (nickname)	
	Street			Birthdate: ____ / ____ / 19____	
	City		State	Zip+4	
	Phone (day)	(evening)	(cell)		
	eMAIL		How did you hear about HFC?		
	Spouse/Partner Name		Cell	eMail	
	Family or Friend - Alternate Contact(s)			Relationship	
	STREET				
	CITY		STATE	ZIP	
	PHONE(s)		eMail		

DEMOGRAPHICS	HFC does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, in any of its activities or operations. HFC is committed to serving ALL senior Veterans. Answering these questions will help us to prepare for the trip and to help measure our effectiveness at engaging the full diversity of our senior Veterans.			
	Gender: M F	Height: ____ft ____in	Weight: _____	Shirt Size: S M L XL ____XL
	Hometown:		Ethnicity (optional) _____	

SERVICE HISTORY	I consider myself a Veteran of the ____ WWII Era ____ KOREAN War Era ____ VIETNAM War Era ____ Other			
	Branches(es) Served:		Rank:	MOS:
	DATES OF SERVICE From:		To:	
	(Theater, country, state, city, etc.)		(Assignments, ships, units, battles, events, accomplishments, etc)	

If you wish to travel with a buddy, they must apply and be a HFC qualified senior Veteran(s). Please list them here.	
Veteran friend's FULL name (first and last)	Veteran friend's phone number

Please provide the following personal details. This information allows us to assess the support and resources that we need to assemble for the trip to appropriately manage the needs of the group to make it as safe and comfortable as possible.

MEDICAL INFORMATION	<p>Can you walk the length of a football field unassisted? ___ Yes ___ No If not, why?</p> <p>Describe: _____</p>
	<p>Do you use mobility equipment? If so, what type of device? ___ Cane ___ Walker ___ Wheelchair ___ Scooter</p> <p>Comments: _____</p> <p>Honor Flight will provision the trip with wheelchairs for your comfort and convenience on the trip, leave your wheelchair, scooter, or walker at home or in the car. We will have a wheelchair for you, enjoy the ride!</p>
	<p>Do you use Oxygen? ___ Yes ___ No If yes, always? ___ Yes ___ No Flow rate? _____</p> <p>Night use? ___ Yes Flow rate? _____</p> <p><i>If yes, we will ask for a copy of your O2 prescription prior to the trip, we will also provide a POC for your use on the trip.</i></p>
	<p>Do you have any other medical conditions or concerns that you think we should be aware of?</p> <p>Describe: _____</p> <p>_____</p>

AGREEMENTS and WAIVERS	<p>Please review carefully and sign.</p> <p>The undersigned Honor Flight Columbus (“HFC”) applicant acknowledges and agrees that:</p> <ol style="list-style-type: none"> 1. Photographic, video, and audio equipment are frequently used to create media to memorialize and document HFC missions, trips, and events. My image may appear in a public forum (websites, news, or print media, for example) to acknowledge, promote, and advance the mission of the HFC program. I hereby release HFC, all media creators, staff, volunteers, and HFC partners from all claims and liability relating to said media. I hereby give permission images captured of me during HFC activities through video, photo, or other media, as it is used for the purposes of HFC promotional material and publications, at HFC’s sole discretion, and waive any rights of compensation or ownership thereto. 2. I understand that medical insurance is my responsibility and that HFC does not provide medical care. I understand and accept all risks associated with travel and any other HFC activities in which I participate and will not hold HFC, its staff, or volunteers, responsible for any injuries incurred by me while participating in said HFC activities. 3. Information provided on this application will be used only by HFC and will be held confidential to the best of our ability. Medical information provided on this application, and in subsequent interviews, will be used by the HFC medical team, volunteers, and staff to prepare for and appropriately manage the trip.
	<p>Acknowledged, agreed, and accepted:</p> <p>Signature _____ Date: ____/____/20____</p>

Thank you for your service! We look forward to spending the day with you on your Honor Flight.

Please sign & MAIL this application & DD214 to:

HONOR FLIGHT COLUMBUS
ATTN: VETERAN APPLICATION
PO BOX 20133
COLUMBUS, OH 43220

Or Scan, Email, or Fax this application & DD214 to:

Email: veterans@honorflightcmh.org
 Fax: 888-779-8806
 Phone: 614-284-4987
 Website: www.honorflightcmh.org

Please do not hesitate to call or email us with any questions whatsoever!