



# 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 with active-duty service prior to May 7<sup>th</sup>, 1975.**

*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)*

<b>CONTACT INFORMATION</b>	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	

<b>DEMOGRAPHICS</b>	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) _____	

<b>SERVICE HISTORY</b>	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: _____ <i>(attach/include your DD214 or record of service)</i>			
	Where were you stationed and/or deployed? <small>(theater, country, state, city, etc)</small>		Please share notable activities: <small>(assignments, ships, units, battles, events, accomplishments, etc)</small>	

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.

<b>MEDICAL INFORMATION</b>	<b>Can you walk the length of a football field unassisted?</b> ___ Yes    ___ No <b>If not, why?</b> Describe: _____
	<b>Do you use mobility equipment? If so, what type of device?</b> ___Cane    ___ Walker    ___Wheelchair    ___ Scooter Comments: _____ 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!
	<b>Do you use Oxygen?</b> ___ Yes ___ No <b>If yes, always?</b> ___ Yes ___ No <b>Flow rate?</b> _____ <b>Night use?</b> ___ Yes <b>Flow rate?</b> _____ <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>
	<b>Do you have any other medical conditions or concerns that you think we should be aware of?</b> Describe: _____ _____

<b>AGREEMENTS and WAIVERS</b>	<p><b>Please review carefully and sign.</b></p> <p>The undersigned Honor Flight Columbus (“HFC”) applicant acknowledges and agrees that:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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 in order to prepare for and appropriately manage the trip.</li> <li><b>COVID-19 Certification.</b> <ol style="list-style-type: none"> <li>I certify and confirm that I have been fully vaccinated for COVID-19. Yes: _____ No: _____</li> <li>If NO, I am committing to be fully vaccinated for COVID prior to traveling with HFC. _____ (initials)</li> </ol> </li> </ol>
	<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 and MAIL this application to:  
**HONOR FLIGHT COLUMBUS**  
**ATTN: VETERAN APPLICATION**  
**PO BOX 12036**  
**COLUMBUS, OH 43212-0036**

Or SCAN, eMAIL, or FAX completed application to:  
 eMail: info@HonorFlightCMH.org  
 Fax: 1-888-779-8806  
 Phone: 1-614-284-4987  
 Website: www.HonorFlightCMH.org

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