

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_



## Veteran Application

*The Last Frontier Honor Flight* recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see the memorials at **no cost**. **Top priority** is given to **WW II, Alaska Territorial Guard, Korean War and terminally ill** veterans from all wars. **Vietnam** veterans are taken as space permits. In order for *The Last Frontier Honor Flight* to achieve this goal, escorts/guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at *The Last Frontier Honor Flight* for what you and your comrades have given to us. For further information, please call (907) 248-2318 or please visit us at [www.lastfrontierhonorflight.com](http://www.lastfrontierhonorflight.com)

All applications are taken in the order in which they are received, according to age; with the exception of terminally ill. We will be contacting you by phone or mail when there is a seat available for you on our next flight.

YOUR NAME: \_\_\_\_\_  
(As it appears on your government issued ID, and for airline travel purposes)

PREFERRED NAME: \_\_\_\_\_ MALE \_\_\_\_\_ / FEMALE \_\_\_\_\_  
(If Applicable, example Bob for Robert)

DATE OF BIRTH: \_\_\_\_\_ AGE at time of application: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have an alternate address? (Snowbirds) If so, Please list below:

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_ JACKET/WINDBREAKER SIZE: \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION** (child, sibling, etc):

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION** (SOMEONE AVAILABLE THE DAYS YOU TRAVEL):

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Each veteran will travel with a guardian, whether it is a family member, friend, or a guardian that we assign. That way, there will be assistance available on the trip for each and every veteran. If you would like to name a specific relative or friend to act as your guardian on the trip, please list his or her name and phone number.

**YOUR SPOUSE IS NOT ELIGIBLE TO BE YOUR GUARDIAN.** Although not guaranteed, we will make every effort to accommodate your request. Please note there is a \$1000.00 guardian fee and a separate application is required. This guardian **MUST** be capable of handling all luggage and able to push your wheelchair when needed. (Each veteran will be provided a wheelchair for use on the trip and wheelchair usage is required at certain stops)

My requested guardian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there another Veteran you know of that may be participating in the Honor Flight Program that you would like to travel with? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list name(s)

\_\_\_\_\_

**MILITARY SERVICE HISTORY:** Please circle all that apply: ATG WWII Korea Vietnam

BRANCH OF SERVICE: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

*We are actively taking WWII, AK Territorial Guard, and Korean War Veterans; and then Vietnam veterans as space permits. Age and medical conditions take priority.*

The following information will be used for a booklet of participants on each trip, please be specific and include information to share with others on the same trip. *You may include another page if necessary.*

ACTIVITY DURING SERVICE:

Do you recall which unit, company, fleet, division etc. you served in?

\_\_\_\_\_

Where did you serve?

\_\_\_\_\_

\_\_\_\_\_

What was the specific job or duty you were assigned to?

\_\_\_\_\_

Further information you would like to offer? (Medals, Awards, Citations, POW, etc. Is there something specific about a location, occurrence, etc you would like to share with others? )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE: (example-jobs, hobbies, interests, community activities)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL:** THIS INFORMATION IS NECESSARY SO WE MAY PROVIDE YOU WITH THE APPROPRIATE MEDICAL SUPPORT DURING YOUR TRIP. THIS INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY. YOUR RESPONSES TO THESE QUESTIONS WILL NOT AFFECT YOUR ELIGIBILITY. *BEFORE YOUR TRIP WE WILL ASK YOU TO PROVIDE A STATEMENT FROM YOUR PHYSICIAN TO PARTICIPATE IN THE PROGRAM .*

Do you use mobility equipment, even for brief periods of time? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

**MEDICATIONS YOU USE**

MEDICATION NAME & DOSAGE HOW OFTEN IS IT TAKEN?

MEDICATION NAME & DOSAGE	HOW OFTEN IS IT TAKEN?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Do you have any **drug allergies**? YES\_\_\_\_\_ (Please list) NO\_\_\_\_\_

\_\_\_\_\_

Do you have any **food allergies**? YES\_\_\_\_\_ (Please list) NO\_\_\_\_\_

\_\_\_\_\_

Do you have any **specific diet restrictions**? YES\_\_\_\_\_ (Please list) NO\_\_\_\_\_

\_\_\_\_\_

Do you have a history of **seizures**? YES \_\_\_\_\_ NO\_\_\_\_\_

Please describe type & date of last seizure \_\_\_\_\_

Do you have problems with **motion sickness** (car or air)? YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, is it controlled with medications? YES\_\_\_\_\_ NO\_\_\_\_\_

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 handheld 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 by the Honor Flight committee. **The prescription MUST be turned in before your trip.**

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, we **STRONGLY** advised you discuss the trip with your private physician. If you have NOT 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.

Do you require an ADA (handicapped) hotel room? YES\_\_\_\_\_ NO\_\_\_\_\_

Do you need assistance at night or with dressing and bathing? YES\_\_\_\_\_ NO\_\_\_\_\_

Can you climb 6-8 steps up/down bus steps and navigate a plane aisle without assistance? YES\_\_\_\_\_ NO\_\_\_\_\_

Additional Comments or Concerns: Please let us know what will make your trip pleasing and memorable.

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**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***The Last Frontier Honor Flight*** 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 Last Frontier Honor Flight*** program. I hereby release the photographer and ***The Last Frontier Honor Flight*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***The Last Frontier Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***The Last Frontier Honor Flight*** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. Furthermore I understand that medical insurance is the responsibility of the veteran (myself) and I agree to indemnify and hold harmless ***The Last Frontier Honor Flight***, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury or illness sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE OF VETERAN: \_\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

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

**Please submit this application to:**

***The Last Frontier Honor Flight***  
***Attn: Veteran Application***  
***P.O. Box 875021***  
***Wasilla, AK 99687***

**ANY QUESTIONS, CALL 907-248-2318**