

HONOR FLIGHT OF PORTLAND OREGON VETERAN APPLICATION

Thank you for contacting HONOR FLIGHT of PORTLAND OREGON (HFPO). We look forward to taking you to Washington DC to visit the WWII Memorial honoring **your** service to our nation. The flight, overnight accommodations, bus transportation and meals will be provided **free** to veterans as long as they have not visited the National WWII Memorial before. If you wish to have a specific guardian assist you during the trip, that person should submit a guardian application form at the same time you submit your application. You will be informed of the flight date and other details well before the departure date. Veteran applicant must live in Clatsop, Columbia, Multnomah, Washington, Hood River, Clackamas, Marion, Yamhill, Polk, or Tillamook County.

YOUR NAME: _____ NICKNAME: _____
(As it appears on your ID for airline travel)

ADDRESS: _____ City _____ State, Zip _____

PHONE: Day _____ Night _____ Cell _____

Email address: _____

Date of Birth: _____ Weight: _____ T- Shirt Size: S M L XL XXL XXXL

YEARS OF SERVICE: From _____ To _____ Branch _____ POW? Y _____ N _____

Military Service & Activity _____

EMERGENCY CONTACT (someone available while you travel)

NAME: _____ Relationship: _____

PHONE: Day _____ Night _____ Cell _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT YOU WILL NEED DURING THE TRIP.

If you use mobility equipment please circle the device: Cane Walker Wheelchair

Can you walk the distance of a football field? Y _____ N _____

| MEDICATION | HOW OFTEN | MEDICATION | HOW OFTEN |
|------------|-----------|------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you have **drug allergies**? _____ Do you have a history of **seizures**? _____ If yes, what type _____

When was your last seizure? _____ Do you experience **motion sickness**? _____

(OVER)

Do you use **oxygen or a nebulizer** at any time? _____ If yes, how often? _____

Please send a copy of your oxygen prescription. Oxygen equipment used in flight must be FAA approved.

Do you have a history of: **open head injuries, sinus problems or ear problems**? _____

Do you have a **urostomy or colostomy bag**? _____ if yes, ensure the bag is vented prior to flight.

Additional comments or concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. The applicant has not visited the WWII Memorial in the past.
2. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, his/her image may appear in a public forum to acknowledge, promote or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give my permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used for the purposes of **Honor Flight** promotional material and publications and waive any rights or compensation or ownership thereto. I agree that my name may be shared with other veterans participating on our Honor Flight trips.
3. I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight** does 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.

SIGNED: _____ DATE: _____ / _____ / _____

Please submit a fully completed form to:

Honor Flight of Portland Oregon
PO Box 80265
Portland, OR 97280