

# HONOR FLIGHT OF PORTLAND OREGON VETERAN APPLICATION

Thank you for contacting HONOR FLIGHT of PORTLAND OREGON (HFPO). We look forward to your joining us on a trip to Washington DC to visit the memorial honoring your service to our nation. The flight, accommodations, transportation, and meals are provided free to veterans, who have not already seen their respective memorial. The veteran applicant must live in Clackamas, Clatsop, Columbia, Hood River, Marion, Multnomah, Polk, Tillamook, Washington, or Yamhill County, Oregon. If the veteran has a relative or friend willing to be his guardian, that person should fill out a guardian application to submit with the veteran's application. Please note that Guardians do not have to reside in one of our hub counties above. You will be informed of the trip date and other details well before departure.

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 \_\_\_\_\_

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## 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)

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**? \_\_\_\_

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: \_\_\_\_\_

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**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. The applicant has not visited their respective 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

Rev 12/5/17