



WWW.HONORFLIGHTAH.ORG



VETERAN APPLICATION

Honor Flight of the Appalachian Highlands, Inc. (“Honor Flight”) recognizes American Veterans in our area, for your sacrifices and achievements by taking you to Washington, DC to see your memorials at no cost to you. Honor Flight of the Appalachian Highlands serves veterans of all eras but top priority is given to WWII, Korean & Vietnam Era, and terminally ill veterans from all wars. For Honor Flight of the Appalachian Highlands to achieve this goal, Guardians travel with the Veterans on every trip, providing assistance and helping to ensure you have a safe, memorable, and rewarding experience.

For further information please visit our website at www.honorflightah.org.

There is NO costs for the Veteran to attend this trip.

Thank you for your support!

Name: _____
First Middle Last Preferred Name to be Called

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

D.O.B.: _____ Gender: _____ Your shirt size: _____
(month/day/year)

Email: _____

Emergency Contact Information: _____

Name

Relationship

Email

Phone number

Address

SERVICE HISTORY: Circle your branch of Service: Army Navy Marines Air Force Coast Guard

What dates did you serve? _____

What was your duties during your service? _____

Have you participated as a Veteran on a previous Honor Flight trip? _____

Is there a specific Guardian you would like to travel with you? What is their name and relationship to you?

****If a Guardian is requested specifically, their application MUST be filled out at the same time****

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT OF THE APPALACHIAN HIGHLANDS AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment: A walker? YES NO A wheelchair? YES NO A cane? YES NO
Do you use a CPAP machine? YES NO
Do you need a refrigerator for insulin, if used? YES NO
Do you use prescribed oxygen outside of sleeping hours? YES NO

Please check any of the following if your HAVE or HAVE HAD – select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Cancer: | <input type="checkbox"/> Amyotrophic Lateral Sclerosis |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> (Lou Gehrig's Disease) |
| <input type="checkbox"/> Congestive Heart Failure (CHF) | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> (COPD) |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Respiratory/Pulmonary Disease |
| <input type="checkbox"/> Renal Disease | |

Any other conditions not mentioned? _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agree that:

I understand that there are waiting lists of Veterans who have applied before me and understand that Honor Flight of the Appalachian Highlands charters Veterans, **at no cost** to them without governmental funding, with the policy of "first to apply, first to travel" with priority always given to any WWII Veteran or terminally ill Veteran. Failure to completely fill out the entirety of this application may result in my application being returned to me or not considered for travel. I also understand that I must bring a current form of government issued photo I.D.

Signature: _____ Date: _____

Print Name: _____

Please review carefully and sign.

The undersigned acknowledges and agrees that:

1. As photographic and video equipment is frequently used to document Honor Flight of the Appalachian Highlands trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight of the Appalachian Highlands program. I hereby release any photographer/videographer and Honor Flight of the Appalachian Highlands from all claims and liability relating to said photographs/videos. I hereby give permission for my images captured during Honor Flight of the Appalachian Highlands activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of the Appalachian Highlands material and publications, and waive any rights or compensation or ownership thereto.
2. I understand that I may be featured on news reports or in photographs or video taken by media or new outlets. I understand I have the right to consent/not consent to an interview with any news outlet. I understand that Honor Flight of the Appalachian Highlands will NOT provide my name, address, telephone number, or any other personal information to any new or media outlet personnel.
3. I understand that all information regarding Veterans, Guardians and Volunteers entrusted to me by Honor Flight of the Appalachian Highlands personnel is considered confidential and will be safeguarded and not shared with any other person or entity for any purpose other than the intended us by Honor Flight of the Appalachian Highlands.

Signature: _____ Date: _____

Print Name: _____

Please mail applications to:

Honor Flight of the Appalachian Highlands
P.O. Box 251
Jonesborough, TN 37659

You can also scan and email to: gotoDC@honorflightah.org