CONFIDENTIAL

FOR HONOR FLIGHT OF THE APPALACHIAN HIGHLANDS USE ONLY (2025) OFFICE PERSONNEL:_____DATE RECEIVED:_____

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. 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 & helping to ensure you have a safe, memorable, and rewarding experience.

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

Travelers must have a Real ID.

There is NO cost for the Veteran to attend this trip

Name:_____
First Middle Last Preferred Name to be Called

Address:_____

City:_____County:_____State:_____Zip:_____

Phone:_____Cell Phone:_____

D.O.B.:_____Gender:_____Your T shirt size:_____
(month/day/year)

Email: _____REAL- ID Number:_____

Emergency Contact Information:_____
Name Relationship

_____
Address (if different from above) Email Phone number

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

Conflict during your service: WWII Korea Vietnam Lebanon/Grenada Panama Gulf

What dates did you serve? _____Rank: _____

Activity during service _____

Duty Assignments: _____

Form and type of discharge received from the Military: _____:

Have you participated as a Veteran on a previous Honor Flight trip? YES NO

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.
*Spouses or Significant Others are not permitted to serve the Veteran as a guardian.***

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU.
INFO IS FOR HONOR FLIGHT AH & MEDICAL PERSONNEL ONLY.

Height: _____ Weight: _____ Physical Limitations: _____

Do you use mobility equipment: Cane Walker Scooter Wheelchair None

Can you walk up and down a set of 8 bus steps with assistance? Yes No

Are you able to get in and out of a bus seat? Yes No Sit for an extended time? Yes No

Do you use a home nebulizer machine? Yes No Do you use oxygen at any time? Yes No

Do you have any drug allergies? Yes No Describe: _____

Do you have any food allergies? Yes No Describe: _____

Do you require a special meal? Yes No Describe: _____

Are you visually impaired? Yes No Deaf or hard of hearing? Yes No

Are you diabetic? Yes No If yes, is it controlled with pills or insulin? _____

Do you need a refrigerator for insulin? Yes No

Do you wear or have a heart pacemaker implanted? Yes No

Do you have memory problems? Yes No Describe: _____

Do you have a urostomy, colostomy or urinary catheter? Yes No Describe: _____

History of Seizures? Yes No Describe: _____

Please identify if you are **C**urrently being treated **(C)** or have **P**reviously had **(P)** the following:
Select all that apply

_____Cancer:_____
_____Cardiomyopathy
_____Congestive Heart Failure (CHF)
_____Dementia
_____Heart Disease
_____Liver Disease
_____Renal Disease
_____Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
_____Chronic Obstructive Pulmonary Disease (COPD)
_____Multiple Sclerosis (MS)
_____Respiratory/Pulmonary Disease
_____ Memory Issues

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 and 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 Real I.D.**

Signature:_____Date:_____

Print Name:_____

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 to 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

Online applications are available: www.honorflightah.org