Big Apple Honor Flight
909 Third Avenue, #159
New York, New York 10150

BIG APPLE HONOR FLIGHT VETERAN APPLICATION

Big Apple Honor Flight flies our veterans from NYC to DC to honor them for their sacrifices and achievements and view their memorials at no cost. At this time, priority is given to WWII and Korean War veterans and terminally ill veterans from any conflict. For BAHF to achieve this goal, guardians fly with veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation on behalf of BAHF.

Please return completed applications to:

Susan Landau, Veteran Coordinator, 909 Third Avenue, #159, New York, NY 10150

Check all that apply:

__WWII VET (12/7/41-9/2/45) **__KOREA VET (6/25/50-7/27/53)**
__COLD WAR VET (9/3/45-5/7/75) **__VIETNAM VET (2/28/61-5/7/75)**
__POST-VIETNAM VET (5/8/75-8/1/90) **__GULF WAR VET (8/2/90-2/28/91)**
__OTHER _____ **__TERMINAL ILLNESS**

VETERAN NAME_____
Please list your full name as listed on your Driver's License or Government ID

NICK NAME_____GENDER ___M ___F
ADDRESS_____
CITY_____ STATE_____ ZIP_____
COUNTY_____

PHONE NUMBERS:
HOME _____ CELL PHONE _____EMAIL _____

WEIGHT _____ DATE OF BIRTH _____

T-SHIRT SIZE (S, M, L, XL, XXL, XXXL) _____

DIETARY REQUIREMENTS (i.e. VEGETARIAN, VEGAN, GLUTEN FREE _____

HOW DID YOU HEAR ABOUT BIG APPLE HONOR FLIGHT? _____
_____

SERVICE HISTORY:
BRANCH OF SERVICE _____ RANK _____
YEARS ACTIVE (i.e. 1970-1973) _____

EMERGENCY CONTACT INFORMATION Please provide two contacts, if possible.

1. **Name _____**
   Relationship _____ **Home Phone _____**
   Cell Phone _____ **Email _____**

2. **Name _____**
   Relationship _____ **Home Phone _____**
   Cell Phone _____ **Email _____**

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Honor Flight Guardian: An Honor Flight Guardian plays a significant role on every trip, ensuring that every veteran has a safe, memorable, and rewarding experience by accompanying them on the flight to Washington D.C. If you do not have a family member or friend to serve as your Honor Flight Guardian, we have volunteers that will accompany you.

National Honor Flight Charter safety regulations prevent spouses or partners from acting as a guardian. Children, Grandchildren, Nieces, Nephews, family friends are encouraged. Honor Flight Guardians must be able to operate wheelchairs up and down inclines, and over uneven pavement. A wheelchair will be made available to any veteran on the flight for their use should they wish.

Do you have an Honor Flight Guardian who will be accompanying you on the flight? __Yes __No
If yes:
Name: _____
Relationship: _____
Contact Number: _____
Email: _____

****This person MUST fill out a "Guardian Application and make a $500 donation to participate****

Who will be providing your transportation to and from the Rally Point?
***National Honor Flight Charter safety regulations prevent Veterans to drive themselves on Flight Day.**
Name: _____
Contact Number: _____

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

1. Do you use mobility equipment? YES or NO
   If YES, please circle device: CANE WALKER WHEELCHAIR

   Do you have a problem walking the length of a football field without assistance? YES or NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

   _____

2. Do you take medication? What kind? How often? Please be specific. Attach additional notes if necessary. Common Medical Issues include: Asthma, Blood Clotting, High Blood Pressure, Cancer, Heart Disease, Pacemaker, Motion Sickness, History of Head Trauma, Diabetes, Anxiety, Recent Surgery, Depression.

   _____
   _____
   _____

3. Do you have any drug allergies?

   _____

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4. Do you have a history of seizure? YES or NO Please describe what type (i.e. grand mal, petit mal, other) _____ When was your last seizure?

   _____

   If within past 5 years, STRONGLY advised you discuss trip with your private physician.

5. Do you have any breathing disorders that require the use of supplemental oxygen? If so, a prescription for the use of oxygen from your physician must accompany this application. A registered nurse will contact you at a later date to review the airline approved devices.

   YES or NO. If YES, please describe:

   _____

6. Has a doctor ever advised you not to fly? YES or NO. If YES, please provide further details below:

   _____

   _____

   **If you have developed a new medical condition, please consult with your doctor to confirm it is safe for you to fly.*

7. Do you have a urostomy or colostomy bag? YES or 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.

8. Additional Comments or Concerns:

_____

PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that: 1. 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, such as the media or a website, 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 permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. 2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: _____ **DATE:** _____/_____/_____