



# Veteran Application

Honor Flight – Twin Cities recognizes you, our American Veterans, by inviting you on a one-day trip to Washington D.C. to see your memorials. This trip is at no cost to you as a small token of appreciation for your sacrifices and achievements. A Guardian is required to accompany each Veteran to assist in helping the Veteran have a safe and memorable experience.

**Veteran Eligibility Requirements** (please check if applicable):

- ☐ WWII ☐ Korea ☐ Vietnam Veteran How did you hear about us?:  
☐ Has never been to their memorials in Washington D.C.   
☐ Has the ability to climb up and down 6 bus steps, without assistance, at 10 stops throughout the day  
☐ Has the ability to walk and stand on a crowded jetway while boarding/deplaning twice

## GENERAL

Full Name (Last, First, MI)     
(as it appears on your Driver's License or State ID)

Birth Date (mm/dd/yyyy)  Age

Street Address

City  State  Zip

Primary Phone  ☐ cell ☐ landline Alternate Phone  ☐ cell ☐ landline

Email

Eligible Veteran peer you wish to travel with   
(note that they must have a separate *Veteran Application* on file with us)

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X

**Guardian Preference** (required for trip):

- ☐ I want to have a Volunteer Guardian (assigned by Honor Flight) **or**  
☐ I want to select my own Guardian **and I have enclosed their completed and signed application**
- Guardians must be at least 18 years old and at least 1 generation younger than you
  - Guardians must be in good physical health with stamina to walk the entire day, able to lift at least 50 lbs., able to push a wheelchair as needed (incl. able to assist with any transfers in/out of wheelchair), knowledgeable of the Veteran's health status and any physical limitations the Veteran may have, and able to assist the Veteran in tracking/administering his/her medications as needed
  - Guardian applications can be found at [honorflighttwtwincities.org](http://honorflighttwtwincities.org) under *Sign Up*
  - \$500 Guardian contribution due when assigned to a flight

Name of Selected Guardian

## EMERGENCY CONTACT (Someone available the day you travel and not in same household. Not your trip Guardian.)

Name  Relationship

Address

Primary Phone  ☐ cell ☐ landline Alternate Phone  ☐ cell ☐ landline

Email

OVER



# Veteran Application

## SERVICE HISTORY

Branch ☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps  
☐ Coast Guard ☐ Merchant Marines

Service Dates   
Rank

Activity during your service

## MOBILITY / GENERAL HEALTH INFORMATION allows us to assess the level of support you need during trip

Check all that apply:

- ☐ I can walk at least the length of a football field (360 ft.)  
☐ I can walk  feet but not the length of a football field  
☐ I climb stairs on a regular basis  
☐ I rarely or never climb stairs

The last time I climbed stairs was

- ☐ I use a manual wheelchair and/or scooter for the following activities:

- ☐ I rely on oxygen or have general breathing issues (I get easily winded)  
☐ I require assistance managing my daily health/medical needs (e.g., toileting, admin. meds., etc.)

Do you have any significant medical needs that you or your Guardian may find challenging to manage on this type of trip? ☐ YES ☐ NO If YES, please describe below. This doesn't necessarily disqualify you from the trip and will help us evaluate if we can meet your needs.

## PLEASE READ CAREFULLY AND SIGN / DATE BELOW

The undersigned acknowledges and agrees that:

- As photographic and video equipment are frequently used to memorialize and document **Honor Flight Twin Cities** trips and events, his/her image may appear in a public forum, such as the media or a web site, to acknowledge, promote, or advance the work of the **Honor Flight Twin Cities** program. I hereby release the photographer and **Honor Flight Twin Cities** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Twin Cities** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Twin Cities** promotional material and publications, and waive any rights or compensation or ownership thereto.
- I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight Twin Cities** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight Twin Cities** activities and will not hold **Honor Flight Twin Cities** responsible for any injuries incurred by me while participating in the **Honor Flight Twin Cities** program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please complete, print, sign/date, and mail to:**

Honor Flight - Twin Cities  
Attn: Veteran Application  
4000 Eagan Outlets Pkwy #133  
Eagan, MN 55122