



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
- 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

How did you hear about us?:

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 will have them submit an application ASAP**
 - 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 honorflighttwincities.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 _____





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

I use a: cane
 walker
 manual wheelchair
 scooter

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:

1. 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.
2. 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 • P.O. Box 502 • Lindstrom, MN 55045