



Helpful Veteran Information

Thank you for your service. Please review this page before completing the application. Below are some basic rules, guidelines and answers to questions we are frequently asked.

Please complete and return the 2-page Veteran application (no need to include this page of course) and mail it back to us ASAP as we do have a waiting list in order to make a trip with us. Once we receive your application please allow at least two weeks for processing and data entry. You will receive a post card confirming we have your application. After we have your application you may not be contacted for some time but our goal is to give you at least a month's advance notice prior to any offer to join us.

There is no cost to the Veterans we honor whatsoever... absolutely none.

Safety is our number one priority, Indy Honor Flight wants you to have a very safe experience from start to finish.

Indy Honor Flight will pair you with a Guardian; they are there to push a wheelchair, provide transportation, take pictures, etc. A Guardian is your personal assistant during the entire experience.

Family members wishing to travel with you are encouraged to complete a separate Guardian Application and return it to us with your application. Family members serving as Guardians are asked to be at least one generation younger than the Veteran they wish to travel with.

Spouses, significant others, lady friends... whatever you may call them, are unable to accompany a Veteran on an Indy Honor Flight as many may require a guardian themselves. This rule is not up for debate, if you insist on taking your spouse we understand...and would encourage you to take a trip to D.C. on your own.

Filling out a guardian application does not guarantee that person will be able to join you on a trip as your guardian. We are often joined by EMT's, Paramedics, Firefighters, Police Officers or others who are medically trained and volunteer their time to go. For the safety of ALL veterans on the trips they get priority...even over family members wishing to go.

Wheelchairs, all food, drinks are provided. You will be given a Polo shirt and hat to wear on the trip as well as a ditty bag the day prior to pack a few personal items if needed.

Please keep in mind that ALL people associated with Indy Honor Flight are volunteers, (no one is paid for their work) and because our Veterans are our top priority at certain times we may be unable to respond in a timely fashion due to the amount of calls, emails and applications received.

Please pay particular attention to the *service dates* at the top of the next page. If you served even **one** day of Active Duty during the dates listed, you are eligible to fly with us regardless of your duty station.

All Veteran Applications will go through a Criminal Background Check.

FOR HONOR FLIGHT USE ONLY: DATE RECEIVED:

____/____/____

Veteran Application

LAST NAME:



Indy Honor Flight recognizes American Veterans for your sacrifices and achievements by having you come to Washington DC to see YOUR memorial at no cost to you. Top priority is given to WWII and Korea veterans and terminally ill veterans from all wars. We supply guardians who fly with our Veterans on every flight providing assistance to help Veterans have a safe, memorable and rewarding experience. Call 317-559-1600 or email us at info@indyhonorflight.org if you have any questions.

Eligible service dates: **WW II:** 12/7/41-12/31/46 **Korean War:** 6/25/50-7/27/53 **Vietnam** 2/28/61 – 5/7/75
Anyone (male or female) serving on **active duty** ANYWHERE at ANY TIME during the above dates is a veteran of that war/conflict!

YOUR NAME: (Last) _____ (First) _____ (Middle) _____ **NICK NAME:** _____
(Please list info *exactly as it appears* on your driver's license or government I.D.) (If Applicable)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

CONTACT E-MAIL ADDRESS: (if avail.) _____ **AGE:** _____ **DOB:** _____

IF YOU HAVE A PREFERRED GUARDIAN PLEASE PUT THEIR NAME HERE: (WE NEED A GUARDIAN APPLICATION ON FILE, THE APPLICATION MAY BE SENT ALONG WITH YOUR APPLICATION)

POLO SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ **GENDER:** _____ **Your Weight:** _____

ALTERNATE CONTACT (son, daughter, etc): **NAME:** _____

PHONE: _____ **E-MAIL:** _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE: (Circle one) WWII / Korea / Vietnam - **BRANCH:** _____ **RANK:** _____ **TERM:** _____

NOTED MILITARY ACTIVITY: _____

HOME TOWN (from which city and state did you enter the service?): _____

MEDICATION	DOSAGE	FREQUENCY?	MEDICATION	DOSAGE	FREQUENCY?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(You may attach a separate list of your medications if you have one)

The following questions are simply to insure you have a safe and enjoyable trip, safety is our utmost concern!

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

Do you use **mobility equipment**? YES / NO (If YES, please circle device: Cane / Walker / Wheelchair / Scooter)

Do you have any **food or drug allergies**? YES / NO

Do you have a history of **seizure**? YES / NO (If Yes and within past 5 years, see medical advisement below.)

Do you have problems with **motion sickness** (sea or air)? YES / NO

Do you have any **breathing problems**? YES / NO

Do you use a home **nebulizer machine**? YES / NO

Do you use **oxygen at any time**? YES / NO (If YES, please include a prescription turned in with this application.)

Do you have a **problem walking** long distances? YES / NO

Do you have a history of **head injuries, sinus or ear problems**? YES / NO

Do you have a **urostomy or colostomy bag**? YES / NO

Medical Advisement...

If you answered yes to any of the above questions you are not necessarily disqualified from making this trip, rather we want to strongly encourage you to consult your primary physician prior to travel.

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 **Indy 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 **Indy Honor Flight** program. I hereby release the photographer and **Indy Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Indy Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Indy 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 I, the veteran** and I understand that neither Indy Honor Flight nor the provider of the aircraft or buses used provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Indy Honor Flight, The Honor Flight Network, the Flight or Bus 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 Indy Honor Flight program.
3. I understand that if advance directives are in place that I am asked to travel with a copy and inform leadership of this fact.

NAME: _____ SIGNATURE: _____ DATE: _____

When completed in full please mail this form to:

**Indy Honor Flight, Veteran App
PO Box 10
Plainfield, IN 46168**

If you have any questions, please call us at:

317-559-1600

or

Email us at:

Info@IndyHonorFlight.org