



CAPITAL REGION HONOR FLIGHT VETERAN APPLICATION



Capital Region Honor Flight recognizes America's senior war Veterans for their bravery, determination and sacrifice with an all-expense-paid, one of a kind mission, as an honored guest to visit and reflect on your DC war memorials. Capital Region serves our senior war Veterans living throughout Maryland, Delaware and DC. Priority is given to WWII, Korea and Vietnam Veterans.

Please fill out this form to register as our honored guest. Shaded cells are required.

PERSONAL INFORMATION

First Name		Last Name	
Middle Initial		Nickname	
Date of Birth		Gender	M F
Email Address			
Street Address			
Living Facility (if applicable)			
City		ST and Zip	
County		Cell Phone	
Daytime Phone		Evening Phone	
T-Shirt Size	S M L XL XXL XXXL	Weight	
How did you hear about Capital Region Honor Flight?			
Have you been the recipient of a previous Honor Flight?			

MILITARY SERVICE

Are You a Veteran?	Yes No	Service Dates	
Branch of Service	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Other	Conflicts during your service	<input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Other
Rank	Activity during your service period including Duty Assignments		

GUARDIAN / BUDDY INFORMATION

Capital Region Honor Flight provides trained Guardians to ensure you have a safe and memorable experience. If you prefer to have a non-spouse family guardian (child, grandchild, niece, nephew, etc.) or caregiver be considered as your Guardian, they must fill out a Family Guardian application. In addition, please provide their name below. Family guardians must attend a Guardian orientation ZOOM meeting and pay a nominal fee of \$100 to cover a portion of the day's cost. Completion of the Guardian application combined with the information below ensures that your request for a Family Guardian is considered, however selection is not guaranteed. **Because this is a physically demanding job, all Guardians are subject to a medical check to ensure they can care for you throughout the mission, Medically necessary Guardians are given priority.** Your partner or spouse is not eligible as a Guardian.

Are you requesting to travel with a specific Family Guardian, if possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the full name of that Family Guardian?	
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If you and a fellow eligible Veteran would like to travel together on the same mission, please ask him/her to complete a Veteran application. In addition, please include your buddy's name below so that we may try to pair you together on the same mission. If you have multiple buddies from the same living facility or Veteran organization, please list that facility name or organization.

Please list Buddy names; or the name of the living facility where you all live	
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MEDICAL INFORMATION

Details provided will NOT disqualify you from the trip. It permits us to assess the support we need during the mission. Please answer as truthfully and to the best of your knowledge so we can keep you safe. Information is for Capital Region Honor Flight and our medical personnel only. Veterans will be asked up update their medical information, including medications, after being assigned to a mission.

Do you use any mobility equipment?	<input type="checkbox"/> Cane <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Wheelchair (wide) <input type="checkbox"/> Prothesis	Please describe how far you can walk unassisted (no mobility device)	<input type="checkbox"/> No mobility concerns <input type="checkbox"/> A football length <input type="checkbox"/> Less than 100 yards <input type="checkbox"/> Less than 25 feet <input type="checkbox"/> Wheelchair – can transfer to chair / bus seat <input type="checkbox"/> Wheelchair bound
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If using a wheelchair, do you intend to bring your own (sorry, scooters and electric wheelchairs will not fit on the bus).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like access to a wheelchair for the day; or for longer walks or when standing for long periods of time (provided by Capital Region at no cost)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can you walk up and down a set of eight bus steps multiple times a day with minimal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to get in and out of a bus seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use oxygen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe	
If you use oxygen, do you have a portable oxygen concentrator and batteries that will last for the long day?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any drug allergies			
Please describe any food allergies			
Do you use insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How is your diabetes controlled (pill, injection)?	

EMERGENCY POINTS OF CONTACT

Please provide an emergency point of contact not on the trip that can be reached in the event of an emergency. This can be a spouse or other close family member.

First Name		Last Name	
Relationship		Cell Phone #	
Street Address			
City		ST and Zip	
Daytime Phone		Email Address	

ALTERNATIVE POINTS OF CONTACT – please provide a non-family member that is not on the trip

First Name		Last Name	
Relationship		Cell Phone #	
Street Address			
City		ST and Zip	
Daytime Phone		Email Address	

ACKNOWLEDGEMENTS

IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR. A MEDICAL QUESTIONNAIRE AND WAIVER MUST ALSO BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION IN A MISSION. THEY WILL BE MAILED TO YOU ONCE YOU HAVE BEEN ASSIGNED TO A MISSION.

PLEASE REVIEW CAREFULLY: 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 purpose 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 Honor Flight does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight or any person appearing or quoted in any advertisement of public service announcements for or on behalf of Honor Flight responsible for any injuries uncured by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

Submit form to: Capital Region Honor Flight
11110 Sunset Hills Rd #3844
Reston, VA 20195

Website: <https://capitalregion.honorflight.org>