



Veteran Application

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Honor Flight Tucson (dba **Honor Flight Southern Arizona**) honors veterans living in our community with a three day trip to Washington D.C. to visit your memorials. There is NO COST to you for this trip – it is our thank you for your service! For further information, please contact **Honor Flight Southern Arizona** at 520-204-1391 or visit us on the web at: www.honorflightsaz.org.

**** WE ARE CURRENTLY ACCEPTING APPLICATIONS FROM WWII AND KOREAN WAR VETERANS **
(PRIORITY GIVEN TO WWII VETERANS)**

DATE: _____ / _____ / _____

NAME: _____ Badge Name: _____
(As it appears on your driver's license or government I.D.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

AGE: _____ DOB: _____ GENDER (circle one) M F

Please list one (1) alternate contact (preferably a family member other than your spouse).

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Number: _____

E-mail Address: _____

Provide your **Military** service history (circle all that apply). World War II Korea Vietnam

Branch of Service: _____ Service Dates: _____

Hometown (city & state where you enlisted): _____

Activity during your Military Service: _____

If you would like to name a specific relative or friend to act as your guardian on the trip, please list his or her name and phone number. **YOUR SPOUSE IS NOT ELIGIBLE TO BE A GUARDIAN.** Although not guaranteed, we will make every effort to accommodate your request. Please note, guardians pay their own way and a separate application is required. If requesting a specific guardian, please send his or her application in with yours.

Name: _____ Relation: _____ Phone Number: _____

Please list any organizations you belong to such as VFW, American Legion, Elks, etc.

Organization name and contact info: _____

Men's polo shirt size (circle one) S M L XL XXL XXXL

PLEASE COMPLETE PAGE 2

Please list your medical information. A more detailed form will be sent out closer to your trip.

Do you use mobility equipment? Yes _____ No _____ Occasionally _____

Please circle all that apply: Cane Walker Wheelchair Scooter

Please list any medications being taken and how often. Include a separate list if necessary.

Please list any drug/food allergies:

Please list any medical conditions (i.e. heart conditions, lung problems, urostomy/colostomy bags, arthritis, history of seizures, motion sickness, etc.): _____

Please note that if you use oxygen, a prescription from your physician should be included with your application. We strongly recommend you discuss this trip with your physician.

Please list one (1) emergency contact (someone available while you travel).

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Day: _____ Evening: _____

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 Southern Arizona** or **Honor Flight Tucson** trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge and promote the work of the program. I hereby release the photographer and **Honor Flight Southern Arizona** or **Honor Flight Tucson** from all claims and liability relating to said photographs. I hereby give permission for any images of myself captured during activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Southern Arizona** or **Honor Flight Tucson** promotional material and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of myself (the veteran) and I agree to indemnify and hold harmless **Honor Flight Southern Arizona** or **Honor Flight Tucson**, its agents and Board of Directors, from any and all liability arising out of or in consequence of, or injury sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNED _____

Date _____

Return completed form via US mail to:

Attn: Veteran Applications
Honor Flight Southern Arizona
190 W Continental Rd
Suite 216 - Box 123
Green Valley, AZ 85622

You may return this form by **Email** to:
vets@honorflightsaz.org