



For office use only:		Date Rec'd:
II	K	G:
V	TLC	V:
Flight date:		

GREAT RIVER HONOR FLIGHT VETERAN APPLICATION

Great River Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. We are accepting applications from veterans of WWII, Korea, Vietnam and those who served in the time period between those conflicts, with priority based on seniority. For what you and your fellow veterans have given to us, please consider this a small token of appreciation from all of us at **Great River Honor Flight**. For further information, please go to www.wgem.com/honorflight or email us at honorflight@wgem.com

Have you ever been on an Honor Flight? Yes _____ No _____

Please Print Name as it appears on your photo ID (needed for airport security - TSA)

YOUR NAME: _____ AGE: _____ DOB: _____
(First) (Middle Initial) (Last Name)

Preferred Name on Name Badge: _____ Male _____ Female _____

DATES OF SERVICE (please circle all wars and peace times within your service dates)

WWII 1/1/47-6/26/50 Korean 2/1/55-2/27/61 Vietnam

ADDRESS: _____

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

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

E-MAIL ADDRESS: _____ WEIGHT: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

TEE SHIRT SIZE: (M, L, XL, XXL, XXXL) _____ (you may wish to wear it over another shirt)

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

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

ACTIVITY DURING WAR OR DURING MILITARY SERVICE: _____

DO YOU HAVE PERSON THAT YOU WOULD LIKE TO TRAVEL WITH AS YOUR GUARDIAN? Yes: ___ No: ___

(Veteran's spouses are not eligible to be guardians)

If Yes, Name: _____ Relationship _____ Ph. No. _____

(THE ABOVE NAMED PERSON MUST COMPLETE A SEPARATE GUARDIAN APPLICATION.

We will make every effort to accommodate this request)

IMPORTANT: To ensure safety, GRHF scrutinizes every Guardian applicant to ensure they can provide safety and care for as many as three veterans. GRHF reserves the right to deny the requested Guardian applicant. Approved Guardians pay GRHF for the expenses of the trip.

DO YOU HAVE A FELLOW VETERAN THAT YOU WOULD LIKE TO TRAVEL WITH? Yes: _____ No: _____

If Yes, Name: _____ (We will make every effort to accommodate this request)

ALTERNATE CONTACT (son, daughter, friend, etc. to be called if we cannot contact the veteran applicant):

NAME _____ **RELATIONSHIP:** _____

PHONE NUMBERS: _____ **E-MAIL:** _____

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

Name: _____ Relationship: _____

Address: _____

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

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

Any condition preventing you from traveling in an airplane? YES ___ NO ___

Inability to walk up and down 6 steps unassisted or walk the length of a football field? YES ___ NO ___

Do you have breathing problems? YES ___ NO ___

Do you use oxygen from an oxygen tank or concentrator? YES ___ NO ___

Do you have a urostomy (catheter) or colostomy bag? YES ___ NO ___

Have you been diagnosed with Alzheimer's? YES ___ NO ___

Do you have any food allergies? If so what _____ YES ___ NO ___

Additional Medical Comments or Concerns: _____

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE YOU DURING THE TRIP. INFORMATION IS FOR GREAT RIVER HONOR FLIGHT AND OUR MEDICAL PERSONNEL ONLY. A PHYSICIAN ACCOMPANIES ALL FLIGHTS.

Our focus is not on providing extensive medical care but on having medical expertise to be able to best address any incidents while awaiting outside medical assistance.

Do you use any mobility equipment? CANE:_____ WALKER:_____ WHEELCHAIR:_____ SCOOTER:_____

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Great River 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 **Great River Honor Flight** program. I hereby release the photographer and **Great River Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Great River Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Great River 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 neither **Great River Honor Flight** nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Great River Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Great River Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

(E-mail applicants will be required to sign prior to actual flight date)

Please submit this application to: **Great River Honor Flight**
c/o WGEM TV
513 Hampshire
Quincy, IL 62301

Or e-mail to: honorflight@wgem.com

Revised 8/3/17