



Big Apple Honor Flight
909 Third Avenue, #159
New York, New York 10150

BIG APPLE HONOR FLIGHT VETERAN APPLICATION

Big Apple Honor Flight flies our veterans from NYC to DC to honor them for their sacrifices and achievements and view their memorial at no cost. At this time, priority is given to WWII and Korean War veterans and terminally ill veterans from all wars. For BAHF to achieve this goal, guardians fly with veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation on behalf of BAHF.

Please return completed applications to:

Mary Ellen Giordano, Veteran Coordinator, 2 Orchard Hill Court, Westport, CT. 06880

Check all that apply:

WWII VET (12/7/41-9/2/45) KOREA VET (6/25/50-7/27/53)
 COLD WAR VET (9/3/45-Onward) VIETNAM VET (2/28/61-5/7/75)

VETERANS NAME _____

Please list your full name as listed on your Driver's License or Government ID

NICK NAME _____ GENDER M F

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____

PHONE NUMBERS:

HOME: _____ CELL PHONE: _____ EMAIL: _____

WEIGHT: _____ DATE OF BIRTH: _____

T-SHIRT SIZE (S, M, L, XL, XXL, XXXL): _____

HOW DID YOU HEAR ABOUT BIG APPLE HONOR FLIGHT? _____

SERVICE HISTORY:

BRANCH OF SERVICE: _____ RANK: _____

YEARS ACTIVE: _____

EMERGENCY CONTACT INFORMATION Please provide two contacts, if possible.

1. Name: _____

Relationship: _____ PHONE: Day: _____

Evening: _____ Cell Phone: _____

2. Name: _____

Relationship: _____ PHONE: Day: _____

Evening: _____ Cell Phone: _____

Do you have a Guardian who will be accompanying you on the flight? Yes No

If yes:



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Name: _____ Contact
Number: _____

***National Honor Flight Charter safety regulations prevent spouses from acting as a guardian. Children, Grandchildren, Nieces, Nephews, family friends are encouraged. Guardians must be able to operate wheelchairs up and down inclines, and over uneven pavement. A wheelchair will be available to every veteran on the flight for their use at any time they wish.**

****This person MUST fill out a “Guardian Application and are asked to pay \$500 to participate****

Who will be providing your transportation to and from the rally point?

***National Honor Flight Charter safety regulations prevent Veterans to drive themselves on Flight Day.**

Name: _____
Contact Number: _____

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

1. Do you use mobility equipment? YES or NO
If YES, please circle device: CANE WALKER WHEELCHAIR
Also, If YES, will you bringing your own equipment? YES or NO
2. Do you take medication? What kind? How often? Please be specific. Attach additional notes if necessary.

3. Do you have any drug allergies?

4. Do you have a history of seizure? YES or NO Please describe what type (i.e. grand mal, petit mal, other)
_____ When was your last seizure?

If within past 5 years, **STRONGLY** advised you discuss trip with your private physician.
5. Do you have problems with motion sickness? YES or NO
If yes, is it controlled with medications? YES or NO
If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician.
6. Do you have any breathing problems? YES or NO. If YES, please describe:



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7. Do you use a home nebulizer machine? YES or NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.
8. Do you use oxygen at any time? YES or NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. The prescription should be turned in with the application.
9. Do you have a problem walking the length of a football field without assistance? YES or NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

10. Do you have a history of open head injuries, sinus problems, or ear problems? YES or NO.
If YES, have you flown since the open head injury, sinus or ear problems occurred? YES or NO.
If YES, did you have any problems? YES or NO
If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician.
11. Do you have a urostomy or colostomy bag? YES or NO.
If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.
12. 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 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 purposes 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 neither 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 Network activities and will not hold Honor Flight, the Flight 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 Honor Flight program.

SIGNATURE: _____ **DATE:** ____/____/____