

# VETERAN APPLICATION



The Permian Basin Honor Flight is an authorized hub of the Honor Flight Network ©

The Permian Basin Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to see the memorials built in their honor. Top priority is given to WWII and those who may be terminally ill who served in other wars. This Honor Flight will also include (given availability) Korean and Vietnam Veterans and selected Gold Star Families. In order for Permian Basin Honor Flight to achieve this goal, volunteer Guardians will be required to pay their portion of the trip, as well as travel at the Veteran's side throughout the flight providing assistance, and helping Veterans participate in all activities of this rewarding experience. All Veterans, however, will have their complete cost covered by donation from this great community, even if they serve as a Guardian for a senior Veteran. However, Veterans who are over the age of 75, Veterans who need walking assistance of any kind, and Veterans in a wheelchair must have a "participating" (paid or Veteran who meets requirements) Guardian to be eligible.

## PERSONAL INFORMATION

Name: \_\_\_\_\_

*(As it appears on your government ID for airline travel)*

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE PROVIDE YOUR TEE SHIRT SIZE:  S  M  L  1XL  2XL  3XL  4XL

HOW DID YOU HEAR ABOUT THE PERMIAN BASIN HONOR FLIGHT? \_\_\_\_\_

## EMERGENCY CONTACT DURING TRAVEL

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## SERVICE HISTORY

WORLD WAR II  KOREA  VIETNAM  DESERT STORM/GULF  IRAQ  AFGHANISTAN

BRANCH OF SERVICE:  AIR FORCE  ARMY  AIR CORPS  COAST GUARD  MARINES  NAVY RANK \_\_\_\_\_

HOME TOWN (FROM WHICH CITY AND STATE DID YOU ENTER THE SERVICE?) \_\_\_\_\_

MILITARY DEPLOYMENT? \_\_\_\_\_

ARE YOU A COMBAT VETERAN? \_\_\_\_\_ HAVE YOU EVER BEEN ON AN HONOR FLIGHT BEFORE?  Yes  No

IF SO, WHAT DATE? \_\_\_\_\_ FROM WHERE? \_\_\_\_\_

IS YOUR FAMILY A GOLD STAR FAMILY?  Yes  No

ARE YOU WILLING TO BE A GUARDIAN FOR ANOTHER VETERAN?  Yes  No

**MEDICAL INFORMATION**

This information helps us to assess the support we may require on the trip. Information is for Honor Flight and Medical Personnel Only and will not be shared. (Honor Flight requires a great deal of walking; if you need assistance, we must know ahead of time so that we can plan accordingly.)  
(PLEASE ATTACH ADDITIONAL SHEET, IF NEEDED.)

DO YOU USE MOBILITY EQUIPMENT?  Yes  No IF YES, WHAT DEVICE?  CANE  WALKER  WHEEL CHAIR

ARE YOU ABLE TO WALK 1/2 MILE WITHOUT ASSISTANCE?  Yes  No

IF NO, PLEASE DESCRIBE YOUR CONDITION: (e.g., lung problems, arthritis, heart problems, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS YOU ARE TAKING AND HOW OFTEN?**

<u>MEDICATION</u>	<u>DOSE &amp; HOW OFTEN</u>	<u>MEDICATION</u>	<u>DOSE &amp; HOW OFTEN</u>
_____	_____	_____	_____

DO YOU HAVE DRUG ALLERGIES?  Yes  No IF YES, PLEASE LIST: \_\_\_\_\_

DO YOU HAVE A HISTORY OF SEIZURES?  Yes  No IF YES, DATE OF LAST SEIZURE? \_\_\_\_\_  
*(IF WITHIN THE PAST 5 YEARS, YOU NEED TO DISCUSS THIS TRIP WITH YOUR PRIVATE PHYSICIAN!)*

IS SEA OR MOTION SICKNESS A PROBLEM FOR YOU?  Yes  No CONTROLLED WITH MEDICATION?  Yes  No

DO YOU HAVE ANY BREATHING PROBLEMS?  Yes  No IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU USE A HOME NEBULIZER MACHINE?  Yes  No DO YOU USE OXYGEN AT ANY TIME?  Yes  No  
*You will need your private physician to write a prescription for oxygen. The prescription should be turned in with this application. You will need an FAA approved portable oxygen concentrator for the trip, with batteries!*

DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS PROBLEMS, OR EAR PROBLEMS?  Yes  No

IF YES, HAVE YOU FLOWN SINCE THE INJURY OR PROBLEM HAS OCCURRED?  Yes  No

IF YES, HAVE YOU HAD ANY COMPLICATIONS? PLEASE DESCRIBE: \_\_\_\_\_  
*Even with a positive flying experience since your injury or problem, we ALWAYS suggest you discuss this trip with your private physician.*

DO YOU HAVE A UROSTOMY OR COLOSTOMY BAG?  Yes  No  
*If yes, please insure your bag is properly vented prior to travel. If you are unsure if your bag is vented, discuss this with your private physician. This will be checked prior to boarding and non-vented bags will not be allowed on the plane.*

**GUARDIAN INFORMATION**

ARE YOU TAKING A GUARDIAN WITH YOU?  Yes  No DID THEY COMPLETE THE GUARDIAN APPLICATION?  Yes  No

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I understand by submitting this application I am granting permission to the Permian Basin Honor Flight and their representatives to contact the person listed in the event of an emergency or as deemed necessary on my behalf.**

Please submit form with copy of DRIVERS LICENSE or PHOTO ID

By Mail to:

Permian Basin Honor Flight  
PO Box 52890, Midland, TX 79710-2890

By E-Mail, preferred "PDF" format:

(PBHF is NOT responsible for information sent in Non-PDF format)  
[info@permianhonorflight.org](mailto:info@permianhonorflight.org)

STAFF USE ONLY: Veteran Name: \_\_\_\_\_ Guardian Name: \_\_\_\_\_ Date Rec.: \_\_\_\_\_