



Puget Sound Honor Flight Veteran Application

Puget Sound Honor Flight recognizes America's war veterans for their service and sacrifice by flying them to Washington, D.C., to visit and reflect at the memorials, at no cost. Although we are currently flying our WWII veterans only, we are also accepting applications for Korean and Vietnam War veterans. When we no longer have WWII veterans interested in flying with us, we will begin flying Korean War veterans. All Puget Sound Honor Flight trips depart and return from Sea-Tac International Airport. For further information, please contact us at **253-303-1130** or online at **www.pugetsoundhonorflight.org**.

Please submit all three pages of this form with required signature(s) as soon as possible to:

Puget Sound Honor Flight
Attn: Veteran Application
PO Box 434
Grapeview, WA 98546

OR email application to:
applications@pugetsoundhonorflight.org

PHONE No.:

Your name: _____ Nickname: _____
(As it appears on your state ID for airline travel) (If applicable)

Address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Cell phone: _____

Email: _____

Date of birth (Month/Day/Year): _____ / _____ / _____ Age: _____ HT/WT: _____

Gender: Male Female T-shirt size (Please check your size): S M L XL XXL XXXL

How did you hear about Puget Sound Honor Flight? _____

I am a: WWII Veteran Korean War Veteran Vietnam Veteran

Dates you served in the military (Month/Year to Month/Year): _____ / _____ to _____ / _____

Branch of service: Army Air Force Navy Other _____
 Marines Coast Guard Merchant Marines

Rank: _____

Home Town (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

Activity during the war: _____

REFERRED BY

CONTACT INFORMATION

Primary emergency contact (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran from the same war would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's Name: _____ Buddy's Phone: _____

To help ensure a safe and memorable experience, Puget Sound Honor Flight provides guardians for those veterans who need assistance in making the trip. These trained "Guardians" will provide excellent care and are responsible for being by the veteran's side throughout the trip. If you believe there is a medical need that necessitates that a specific relative or friend (aged 21-65) be considered to act as your guardian, please list that person's contact information below. Please also ask them to fill out a Guardian application found at www.pugetsoundhonorflight.org, which assures they will be considered, however selection is NOT guaranteed. Guardians pay for their trip (approximately \$1000). A spouse is not eligible.

Requested guardian name: _____ Phone: _____

Email: _____

Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

The following medical information is necessary for Puget Sound Honor Flight volunteer, medical and administrative staff, in order to ensure that your trip is safe and memorable.

Please check any mobility equipment used? Cane Walker Wheelchair Scooter

If you are in a wheelchair, are you able to climb stairs with assistance? Yes No

Do you have a history of seizures? Yes No Please describe: _____
(i.e. grand mal, petit mal, other)

When was your last seizure? _____

Are you allergic to any food or medication? Yes No If yes, please describe: _____

Do you have any breathing problems? Yes No If yes, please describe: _____

Do you use supplemental oxygen at any time? Yes No

Oxygen **concentrators** are **not** provided. Veterans must rent those prior to travel. Must include copy of oxygen prescription, no more than 12 months old, with application. Small, portable oxygen tanks will be provided for the tour and at the hotel.

Do you smoke? Yes No

Do you have a problem walking the length of a football field unassisted? Yes No
If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc): _____

Do you have diabetes? Yes No

If yes, injected or oral? Injected Oral

Does your medication require refrigeration? Yes No

Do you carry glucose with you? Yes No

MEDICATIONS (name and how often taken - If necessary, please attach additional sheets):

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned acknowledges and agrees that the information on this application is correct. Please print your name and sign below it:

Print Name: _____

Signature: _____ Date: _____

If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

Name: _____ Phone Number: _____

Relationship to Veteran: _____

Email: _____