



HONOR FLIGHT OF PORTLAND OREGON

VETERAN APPLICATION

Honor Flight of Portland Oregon recognizes America's veterans for their service and sacrifice by flying them to Washington, D.C. to visit and reflect at their memorials, at no cost to the veteran. We are currently honoring veterans that served in WWII, Korean and Vietnam Wars and all time frames in between. Priority is categorized first by conflict/service era, then by postmark date. All Honor Flight of Portland trips depart and return from Portland International Airport. For further information, please contact us at 971-865-4152 or online at www.PortlandHonorFlight.org

Please submit ***all four pages*** of this form with required signature(s) to:

Honor Flight of Portland Oregon
 PO Box 80265
 Portland, OR 97280

Your name _____ Goes by _____

(as it appears on your state ID or passport for airline travel)

(if applicable)

Address _____ City/State _____ Zip _____

Primary phone _____ Secondary phone _____

Email _____

Date of birth (month/day/year) _____ / _____ / _____ Age _____ Ht/Wt _____

Gender Male Female T-shirt size S M L XL XXL XXXL

How did you hear about Honor Flight of Portland? _____

I am a WWII Veteran Korean War Veteran Vietnam War Veteran Other Era

Dates you served in the military (month/year to month/year) _____ / _____ to _____ / _____

Branch of service Army Air Force Coast Guard Marines Navy Merchant Marines

Country(ies) where you served _____

Activity during your service _____

Civic, fraternal, patriotic, or veteran organization you belong to _____

Dietary Restrictions (*please list*) _____

CONTACT INFORMATION

Primary emergency contact (someone not traveling with you)

Name _____ Relationship _____

Address _____ City/State _____

Primary phone _____ Secondary phone _____

Email _____

Non-Spouse alternate contact (son, daughter, grandchild, friend, etc)

Name _____ Relationship _____

Address _____ City/State _____

Primary phone _____ Secondary phone _____

Email _____

BUDDY INFORMATION

If you and a fellow veteran 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 we may try to pair you together on the same flight.

Buddy's name _____ Buddy's phone _____

GUARDIAN INFORMATION

To help ensure a safe and memorable experience, Honor Flight of Portland assigns guardians to each veteran making the trip. These guardians are responsible for being by the veteran's side to assist with baggage, mobility, wellness and keeping on schedule. You have the option to select a relative or friend to take along as your guardian, particularly if you have specific mobility or health needs. Please list their contact information below and have them also submit the **Guardian Application** available on our website. This will ensure they will be considered, however selection is NOT guaranteed.

NOTE: Guardians should be aged 21-65, in good health, cannot be a spouse or significant other, and must make a donation of \$1,700 to cover their travel expenses.

Requested guardian name _____

Phone _____

Email _____

Additional comments _____

NAME _____

DATE _____

YOUR MEDICAL INFORMATION

The following medical information is required for Honor Flight of Portland veterans, guardians, and volunteers, in order to ensure your trip is safe and memorable.

Check mobility equipment used cane walker wheelchair scooter none

PLEASE GIVE DETAILS FOR ALL YES ANSWERS BELOW

If you are in a wheelchair, are you able to climb 5—6 stairs with assistance? yes no

Do you require an ADA (*handicap accessible*) hotel room? yes no

Do you have a history of seizures? yes no

Are you allergic to any food or medication? yes no

Do you have breathing problems? yes no

Do you utilize supplemental oxygen at any time? yes no

**PORTABLE OXYGEN CONCENTRATORS ARE *NOT* PROVIDED.
VETERANS MUST PROVIDE AN AIRLINE APPROVED ONE PRIOR TO TRAVEL.**

Do you smoke? yes no

Do your mobility or breathing problems prevent you from walking longer distances?
(i.e. length of a football field)? yes no

Do you have diabetes? yes no

 If yes, is your medication injected or oral? yes no

 Does your medication need to be refrigerated? yes no

 Do you check your blood sugar regularly?* yes no

***IF YES, YOU ARE REQUIRED TO BRING YOUR OWN GLUCOMETER AND SUPPLIES FOR THE TRIP**

Have you been diagnosed with a terminal illness? yes no

Are there any other medical conditions we need to be made aware of? yes no

Are there any other medical equipment/supplies you use on a regular basis? yes no

DETAILS _____

MEDICATIONS (please attach additional sheets, if necessary)

MEDICATION / DOSAGE	MEDICATION / DOSAGE
1.	4.
2.	5.
3.	6.

HEALTH CARE PROVIDERS

Primary Care Provider

Name _____

Phone _____

Clinic _____

Cardiologist, if applicable

Name _____

Phone _____

Clinic _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document Honor Flight of Portland Oregon (HFPO) 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 HFPO program. I hereby release the photographer and HFPO from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFPO activities through video, photo, or other media, to be used solely for the purposes of HFPO promotional material and publications, and waive any rights or compensation or ownership thereto.

I also understand that HFPO officials may release my contact information (mailing address, phone and/or email address) to requesting individuals on the flight for the sole purpose of communication and camaraderie with the other trip participants.

I further state that medical insurance is the responsibility of the traveler and I understand that neither HFPO nor the Flight Provider provides medical care. I understand that I accept all risks associated with travel and other HFPO activities and will not hold HFPO, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of HFPO responsible for any injuries incurred by me while participating in the Honor Flight of Portland Oregon program.

The undersigned acknowledges and agrees that the information on this application is correct.

Please print your name and sign below it

Print name _____

Date: _____

Signature _____

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.

Print name _____

Date _____

Signature _____

Relationship _____

Please submit this form to

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Portland, OR 97280