



Veteran Application

Honor Flight of Portland Oregon recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see the memorials at no cost. Top priority is given to WW II, Korean War, Vietnam and terminally ill veterans from all wars. To achieve this goal, Honor Flight of Portland Oregon escorts the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at Honor Flight of Portland Oregon for what you and your comrades have given to us. For further information, please call (971) 264-0814 or visit us at www.PortlandHonorFlight.org.

All applications are taken in the order in which they are received, according to era served; with the exception of terminally ill. We will be contacting you by phone or mail when there is a seat available for you on our next flight.

YOUR NAME: _____
(As it appears on your government issued ID, and for airline travel purposes)

PREFERED NAME: _____ MALE _____ / FEMALE _____

DATE OF BIRTH: _____ AGE *(at time of application)*: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Do you have an alternate address? *(Snowbirds)* If so, please list below:

E-MAIL ADDRESS: _____

T-SHIRT SIZE: S M L XL XXL XXXL

ALTERNATE CONTACT INFORMATION *(child, sibling, etc):*

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Cell: _____

EMERGENCY CONTACT INFORMATION *(SOMEONE AVAILABLE THE DAYS YOU TRAVEL):*

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Cell: _____

Each veteran will travel with a guardian, whether it is a family member, friend or a guardian that we assign. That way, there will be assistance available for each veteran. If you would like to name a specific relative or friend to act as your guardian on the trip, please list his or her name and phone number. **YOUR SPOUSE IS NOT ELIGIBLE TO BE YOUR GUARDIAN.** This guardian **MUST** be capable of handling all luggage and able to push your wheelchair when needed. *(Each veteran is provided a wheelchair for use on the trip)*

Requested guardian: Name: _____ Phone: _____

Is there another Veteran you know of that may be participating in the Honor Flight Program that you would like to travel with? YES _____ NO _____ If yes, please list name(s)

MILITARY SERVICE HISTORY: *Please circle all that apply* WWII Korea Vietnam

BRANCH OF SERVICE: _____ DATES OF SERVICE: _____

We are actively taking WWII, Korean and Vietnam Veterans. Age and medical conditions take priority.

Please be specific and include information to share with others on the same trip. *(You may include another page if necessary).*

ACTIVITY DURING SERVICE:

Do you recall which unit, company, fleet, division etc. you served in? _____

Where did you serve? _____

What was the specific job or duty you were assigned to? _____

Further information you would like to offer? *(Medals, Awards, Citations, POW, etc. Is there something specific about a location, occurrence, etc. you would like to share with others?)*

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE: *(example-jobs, hobbies, interests, community activities)*

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 of Portland Oregon 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 Honor Flight of Portland Oregon program. I hereby release the photographer and Honor Flight of Portland Oregon from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight of Portland Oregon activities through video, photo, or other media, to be used solely for the purposes of Honor Flight of Portland Oregon promotional material and publications and waive any rights or compensation or ownership thereto.
2. Furthermore, I understand that medical insurance is the responsibility of the veteran (myself) and I agree to indemnify and hold harmless Honor Flight of Portland Oregon, its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury or illness sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.

SIGNATURE OF VETERAN: _____

DATE: _____

Please submit this application to:

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

ANY QUESTIONS, CALL (971) 264-0814



Medical Supplement

This information is necessary so we may provide you with the appropriate medical support during your trip. This information is for Honor Flight and medical personnel ONLY. Your responses will not affect your eligibility. Before your trip, we may ask for a statement from your physician to participate in the program.

Do you use mobility equipment, even for brief periods of time? YES _____ NO _____
 If yes, (*please circle device*): cane walker wheelchair scooter

Do you use:
 supplemental oxygen? YES _____ NO _____
 CPAP machine? YES _____ NO _____
 Nebulizer? YES _____ NO _____

List any medication allergies _____

List any food allergies _____

Any dietary restrictions? If yes, please list _____

Are you diabetic? YES _____ NO _____

Do you have a pacemaker? YES _____ NO _____

MEDICATIONS

<i>Medication name</i>	<i>dosage</i>	<i>how often</i>

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Please answer YES or NO – if YES describe in Comments/Concerns below

	Y	N		Y	N
Seizures (describe & include date of last)			Need assistance with medications		
Motion sickness (<i>car or air / controlled w/meds</i>)			Need assistance with dressing & bathing		
Sinus or ear problems			Require ADA (<i>handicapped</i>) hotel room		
Breathing problems			Walk length of a football field w/o assistance		
Urostomy or colostomy bag			Navigate plane aisle without assistance		
			Climb 6-8 steps up/down bus steps without assistance		

Comments/Concerns _____

COVID-19

To decrease the risk of illness, all participants are strongly encouraged to be vaccinated and boosted against Covid-19.

Honor Flight Portland Oregon will follow the Center for Disease Control, Federal Aviation Administration and any federal or local masking recommendations/requirements.

HEALTH CARE PROVIDERS

1. Primary Care Provider

Name _____

Clinic and Phone Number _____

2. Cardiologist if applicable

Name _____

Clinic and Phone Number _____

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Portland, OR 97280

QUESTIONS? email PortlandHonorFlight@gmail.com or call (971)264-0814