



# Native American Veteran Application

*Honor Flight Kern County (HFKC)* recognizes the sacrifices and achievements of American veterans that served during times of war by flying them to Washington D.C. to see the memorials built to honor THEIR service at no cost to them. Top priority is given to veterans in the following order - WWII, Korean, and Vietnam. In order for *Honor Flight* to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable, and rewarding experience. We will be visiting the Native American War Memorial at the Smithsonian. The wearing of traditional native regalia is encouraged.

For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at *Honor Flight*. If you do not wish to take a trip or unable to fly - but would like to be involved with our local events, please fill out this form so we can add you to our data base. **For additional information, please call 661-527-3VET (3838) or visit our website [www.honorflightkerncounty.org](http://www.honorflightkerncounty.org)**

**NAME:** \_\_\_\_\_ Preferred name to be called: \_\_\_\_\_  
 (Print your name as it appears on your Gov't ID issued (first, middle, & last name) (If Applicable)

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

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

Phone/Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Age at time of application: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Month Day Year

**Alternate contact** (not living with you) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact Information** (someone available the days you travel)

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

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

Phone/Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**YES\_\_ NO\_\_ Will a family member (other than a spouse/companion/sibling) or caregiver be traveling with you as your guardian? If yes, please list info below. A guardian application should be turned in with the veteran application.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_ Veteran? Yes \_\_\_ No \_\_\_

Clothing Size	sm	med	lg	xl	2xl	3xl	other
T-Shirt							
Windbreaker Jacket							

Have you visited/seen the	Y	N	If yes, when?
WWII Memorial			
Korean Memorial			
Vietnam Memorial			

War(s) Served	Date entered	Date ended	Home town/State - when you entered
WWII			
Korea			
Vietnam			

Other \_\_\_\_\_

Branch of Service	Highest rank	Branch of Service	Highest rank
Air Corps		Marine Corps	
Air Force		Merchant Marine	
Army		Navy	
Coast Guard		Other -	

WWII - Theater Served	Dates	Where
Atlantic		
European		
Pacific		
Asia		
Home Front		
Other		

KOREA	Dates	Where
Home Front		

Vietnam	Dates	Where
Home Front		

Native American Service	Dates	Where
Home Front		

Awards/Ribbons Received
Stars-
Ribbons-
Medals-
Citations-
Other-
Other-
Other-

Yes\_\_No \_\_Were you a POW? If yes, where, when, how long? \_\_\_\_\_

Did you receive all your medals? If not, what medals are you missing?

\_\_\_\_\_

Activity during service (please attach additional sheet if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Primary civilian work and employer \_\_\_\_\_

**MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU! IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT & MEDICAL PERSONNEL ONLY. A medical release may be required by your physician.**

Please list your physician's name and phone number in case of an emergency - \_\_\_\_\_  
 \_\_\_\_\_

Do you use **mobility equipment**? YES \_\_\_ NO \_\_\_ If yes, how often? \_\_\_\_\_

If YES: **CANE WALKER WHEELCHAIR SCOOTER**

**MEDICATIONS** (Please attach extra page if needed for your medications – this include - over the counter, vitamins, etc.)

<b>MEDICATION (Name of medication)</b>	<b>DOSAGE (mg)</b>	<b>HOW OFTEN ( ex: 1 pill twice a day)</b>

Y\_\_ N\_\_ Do you have any **drug allergies**? If yes, please list \_\_\_\_\_

Y\_\_ N\_\_ Do you have a **history of seizure**? If yes, what type (e.g., grand mal, petit mal, other) \_\_\_\_\_  
 Last seizure? \_\_\_\_\_ *If within past 5 years, STRONGLY advise you discuss trip with your private physician.*

Y\_\_ N\_\_ Are you able to provide all **self-care independently**, including eating, bathing and dressing?  
 If NO, what help is needed? \_\_\_\_\_

Y\_\_ N\_\_ Do you have problems with **motion sickness** (land, sea, or air)?

Y\_\_ N\_\_ If YES, is it controlled with medications? *If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!*

Y\_\_ N\_\_ Do you have any **breathing problems**? *If YES, please describe:* \_\_\_\_\_

Y\_\_ N\_\_ Do you use a home **nebulizer** machine? *If YES, you are STRONGLY advised to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.*

Y\_\_ N\_\_ Do you use **oxygen** at any time? If Yes - Rate of flow/minute \_\_\_\_ / \_\_\_\_ *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 must be turned in with the application and oxygen will be provided in Washington, D.C.*

Y\_\_ N\_\_ Do you have difficulty **walking one mile** without assistance? *If YES, please describe (e.g., lung, heart, arthritis)*  
 \_\_\_\_\_

Y\_\_ N\_\_ Do you have a history of **open head injuries, sinus problems, or ear problems**?  
 If YES, have you flown since the open head injury, sinus or ear problem occurred? YES \_\_\_ NO \_\_\_ If YES, did you have any problems? YES \_\_\_ NO\_\_\_ *If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NOT flown since the open head injury, sinus or ear problem began, we STRONGLY advise you to discuss the trip with your private physician.*

Y\_\_ N\_\_ Do you have a **urostomy or colostomy bag**? *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.*

Y\_\_ N\_\_ Do you have any **vision** issues? *If yes, please describe* \_\_\_\_\_

Y\_\_ N\_\_ Do you require an **ADA** (handicapped) hotel room?

Additional Comments or Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE REVIEW CAREFULLY, INITIAL, AND SIGN:**

The undersigned acknowledges and agrees that:

- \_\_\_\_\_ 1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Kern County (HFKC) and the Honor Flight Network (HFN) trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the HFKC and the HFN program. I hereby release the photographer and HFKC and the HFN from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFKC and the HFN activities through video, photo, or other media, to be used solely for the purposes of HFKC and the HFN promotional material and publications, and waive any rights of compensation or ownership thereto.
  
- \_\_\_\_\_ 2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer and I understand that HFKC and the HFN do NOT provide medical care. I understand that I accept all risks associated with travel and other HFKC and the HFN activities and will not hold HFKC and the HFN responsible for any injuries incurred by me while participating in the HFKC and the HFN program.
  
- \_\_\_\_\_ 3. I understand that HFKC strongly recommends I discuss the trip with my private physician prior to trip and that a medical release may be requested.
  
- \_\_\_\_\_ 4. I hereby give permission for my name to be released to other veterans via a flight roster. Information will include veteran name, phone number and branch of service. (IF you do not wish to release your information to other veterans – please do not initial this section.
  
- \_\_\_\_\_ 5. Any false statements will disqualify me from taking the trip and I will not be asked to participate in future HFKC events or activities.
  
- \_\_\_\_\_ 6. I have provided a copy of my DD2-14 (This applies to Korea and Vietnam veterans)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (E-mail applicants will be required to sign prior to actual flight date)

**Please mail this form to:**

Honor Flight Kern County  
ATTN: Veteran Applications  
8200 Stockdale Hwy  
Suite M-10, Box 255  
Bakersfield, CA 93311

**OR Scan and E-Mail to:** [info@honorflightkerncounty.org](mailto:info@honorflightkerncounty.org)

PLEASE DO NOT SEND ORIGINAL PHOTOS OR ANY ORIGINAL DOCUMENTS – COPIES ONLY!

WWII - December 7, 1941 – December 31, 1946  
Korean– June 27, 1950 – January 31, 1955  
Vietnam – February 28, 1961 – May 7, 1975