Veteran Application

Last Name:_____ Date:_____

Honor Flight Kern County (HFKC) recognizes the sacrifices and achievements of United States veterans that served, overseas and stateside, by flying them to Washington D.C. to see the memorials built to honor their service at no cost to them. Guardians fly with veterans on every flight, providing assistance and helping veterans have a safe, memorable and rewarding experience. Volunteers are also needed to help behind the scenes - community and education outreach, events, merchandise sales and logistics. Applications for both Guardians and Volunteers are accepted online and can be found by visiting our website: **honorflightkerncounty.org**

Top priority is given to veterans in the following order - WWII, Korean, Cold War and Vietnam - service dates through May 7, 1975. All applications with service dates after May 7, 1975 will be placed on standby. As memorials for more recent conflicts are constructed, that may open our flight roster as those memorials become a part of the mission. As one of the hubs, we adhere to the rules of the National Honor Flight Organization. For additional information, please visit our website or call 661-527-3838. Looking forward to serving you and celebrating your service to our country.

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(s) 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: _____ City:_____ State: _____ Zip: _____

Phone(s)Day:_____ Evening:_____ Mobile: _____

E-mail: _____

YES__ NO__ Will a family member (other than a spouse/companion), friend or caregiver be traveling with you as your guardian? If yes, please list info below. A guardian application to be completed online: honorflightkerncounty.org

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	HAVE YOU BEEN ON AN HONOR FLIGHT? YES / NO (Circle one)
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		

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 attached 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 will be required by your physician, acquired no more than 45 days before the flight.

Please list your physician's name and phone number: _____

Do you use **mobility equipment?** YES ___ NO ___ If yes, how often?_____

If yes, circle devices used: **CANE** **WALKER** **WHEELCHAIR** **SCOOTER**

MEDICATIONS (Please attach extra page if needed for your medications, including over the counter, vitamins, etc.)

MEDICATION (Name of medication)	**DOSAGE (mg)**	**HOW OFTEN (ex: 1 pill twice a day)**

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__ *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? If so, specify needs such as grab bars, roll-in shower, etc.

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 and that a medical release will be requested, acquired no more than 45 days before the trip.

_____ 4. Any false statements on this application or during the interview process will disqualify me from taking the trip and I will not be asked to participate in future HFKC events or activities.

_____ 5. I have provided a copy of my DD214.

SIGNED: _____

DATE: _____ / _____ / _____

Please mail this application along with a <u>copy</u> of the DD214 form to:
Honor Flight Kern County
ATTN: Veteran Applications
8200 Stockdale Hwy
Suite M-10, Box 255
Bakersfield, CA 93311

OR Complete, Scan and E-Mail to: applications@hfkc.org

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