

# Screaming Eagle Honor Flight Veterans Application

LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

VETERAN OF: \_\_\_\_\_ TERMINALLY ILL: YES NO

MEDICAL: YES NO WHEEL CHAIR OXYGEN OTHER \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

-----Do Not Write Above This Line For Honor Flight Use Only-----

*Screaming Eagle Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting applications only) is given to WWII, Korean War and terminally ill veterans from all wars. In the future, Honor Flights will be expanded to include Vietnam Veterans. In order for Honor Flights to achieve this goal, guardians fly with the veterans on every flight providing assistance, and helping Veterans have a safe, memorable, and rewarding experience. For what you and your fellow veterans have given us, please consider this a small token of appreciation from all of us at Screaming Eagle Honor Flight. For more information contact us at 931-920-6364, screamingeaglehf@charter.net.*

## PART 1 – GENERAL & CONTACT INFORMATION

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
(Please print your name as it appears on your Driver's License or government-issued ID Card.) (If Applicable)

ADDRESS: \_\_\_\_\_ GENDER: \_\_M\_\_F

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

POLO/TEE SHIRT SIZE: (S M L XL XXL XXXL) Circle Your Size

### ALTERNATE CONTACT:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION: (someone available the day you travel)

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

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

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SERVICE HISTORY: BRANCH** \_\_\_\_\_ **COMMAND** \_\_\_\_\_ **RANK/RATE** \_\_\_\_\_

PLEASE CHECK ONE: (  **WORLD WAR II** ) (  **KOREAN WAR** ) (  **VIETNAM WAR** ) (  **GULF WAR** )

(  **COLD WAR ERA CONFLICTS** [BEIRUT, GRENADA, PANAMA, SOMALIA] ) (  **OEF/OIF IRAQ /AFGHANISTAN** )

**List the Locations and Dates you served for the boxes checked above**

(You are Honor Flight eligible no matter if you served Overseas or Stateside during any of the above Wars/Conflicts)

War/Conflict #1 Location(s) Where You Served \_\_\_\_\_

War/Conflict #1 Dates Served: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_  
mm    yyyy                      mm    yyyy

War/Conflict #2 Location(s) Where You Served \_\_\_\_\_

War/Conflict #2 Dates Served: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_  
mm    yyyy                      mm    yyyy

War/Conflict #3 Location(s) Where You Served \_\_\_\_\_

War/Conflict #3 Dates Served: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_  
mm    yyyy                      mm    yyyy

**PART 2 : MEDICAL INFORMATION**

**MEDICAL INFORMATION PROVIDED WILL NOT DIQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

**1. Do you use mobility equipment? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER**

<b>2. MEDICATION</b>	<b>TAKEN HOW OFTEN?</b>	<b>MEDICATION</b>	<b>TAKEN HOW OFTEN?</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. Do you have any drug allergies? YES NO**

If yes explain \_\_\_\_\_

**4. Do you have a history of seizures? YES NO.**

Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_.

When was your last seizure \_\_\_\_\_.

If within the last 5 years, we **STRONGLY** advise you discuss trip with your private physician!

**5. Do you have problems with motion sickness? YES NO.**

If yes is it controlled with medications? YES NO.

If motion sickness is not controlled by medication s, it is **STRONGLY** advised that you discuss this trip with your private physician!

**6. Do you have breathing problems? YES NO.**

If YES please describe \_\_\_\_\_.

**7. Do you use a home nebulizer machine? YES NO.**

If YES we **STRONGLY** advise you to discuss the trip with your private physician concerning the use of portable hand held nebulizers during the trip!

**8. Do you use oxygen? YES NO.**

If YES you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

**9. Do you have a problem walking the length of a football field without assistance? YES NO.**

If yes please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_.

**10. Do you have a history of open head injuries, sinus or ear problems? YES NO.**

If YES, have you flown since the open head injury, sinus or ear problem? YES NO.

If YES, did you have any problems? YES NO.

If YES, we STRONGLY advise you to discuss trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you to discuss the trip with your private physician.

**11. Do you have a urostomy or colostomy bag? YES NO.**

If YES, please make sure it is vented prior to flight.

If you do not know if your bag is vented, we STRONGLY advise you discuss this issue with you private physician.

**12. Do you have any Dietary restrictions? YES NO.** If YES, please list: \_\_\_\_\_

**13. Do you have transportation to the airport and/or pick up and drop off points YES \_\_\_ NO \_\_\_**

**14. Additional Comments or Concerns:** \_\_\_\_\_

#### IMPORTANT NOTICE

**1. Honor Flight Inc. has ruled that a spouse may not serve as Guardian or accompany their Veteran on an Honor Flight unless the spouse is also a veteran of the war or conflict being served.**

**2. However any other members of the veterans' family may serve as their Guardian provided they pay the current fees to be a Guardian. Guardian application must accompany Veterans application.**

**Do you currently have a specific relative or individual you would like as your Guardian? If so put their name and contact information here AND please have individual fill out and send in a Guardian Application as soon as possible!**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

**For more information contact us at:**

**Screaming Eagle Honor Flight Phone**

**PO Box 20075**

**Clarksville, TN 37042**

**931-920-931-6364**

**Screamingeaglehf@charter.net**

**or**

**J. :Vinny" McCrum, Veterans Coordinator**

**931-802-2158**

**sehv\_vc@yahoo.com**

**3. You will be contacted upon receipt of your application as to your waiting list position. You will then be contacted 45 to 60 days prior to our flight as to your selection status for the upcoming flight.**

4. Unless you have listed a specific individual to be your Honor Flight Guardian you will be contacted by the individual we assign as your Guardian approximately 30 days prior to the flight for introduction purposes. Your assigned Guardian will assist you as needed in getting to the pickup & drop off point, and then back home

### PART 3 : SIGNATURE

#### 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* trips and events, his or her image may appear in a public forum, such as the media or website, to acknowledge, promote, or advance the work of the *Honor Flight* program. I hereby release the photographer and *Honor Flight* from all claims and liability relating to said media, to be used solely for the purposes of *Honor Flight* promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
3. Would you agree to allow your contact information and/or photos of the flight released to your fellow attendees and to the local newspapers? YES \_\_\_\_\_ / NO \_\_\_\_\_

Signature: \_\_\_\_\_  
(E-mail or Website Applicants will be required to sign prior to flying)

Date: \_\_\_ / \_\_\_ / \_\_\_  
dd mm yyyy

Please submit this form to:

**Screaming Eagle Honor Flight  
ATTN: Veterans Application  
P.O. Box 20075  
Clarksville, TN 37042**

#### IMPORTANT CANCELLATION INFORMATION

Please notify us immediately if there is any change that may prevent you from flying on the date scheduled. This notification is so we can replace you with another deserving veteran.

PLEASE NOTE: Once you have been scheduled to fly and for any reason have to cancel you will not lose your position on our waiting list.