Dear Veteran,

Thank you for your service to our country and your interest in coming as a Veteran on an upcoming mission with Collier County Honor Flight. Before you submit your application there are a few things we would like you to know.

1) Collier County Honor Flight is a 100% volunteer organization operating as a 501 (c)(3) non-profit corporation. We will acknowledge the receipt of your application via email or mail within 2 weeks. This acknowledgement does not mean you have been selected for a specific flight. When selected for a specific flight, you will receive a phone call or email indicating your selection and the scheduled flight date.

2) The #1 priority of each trip is the safety of our Veterans and all those associated with the Honor Flight. A Guardian will be assigned to each Veteran going on a flight. Guardians are an important part of our flights and are selected and assigned to a Veteran based on the following criteria: minimum age 16, maximum age 70. Guardians must be able to lift 100 lbs. Priority is given to those who are medically trained, active or retired military, guardians who have previously flown, and eligible family members. The spouse of a veteran may not accompany the Veteran unless they are coming as a Veteran themselves on the Honor Flight.

3) Pre-Trip Meeting – Our “Meet and Greet” informational session is for both Veterans and Guardians. Veterans will meet their Guardian (if they have not already met) at this session. This is usually held about a week before the flight for which you are selected. If you have difficulty finding transportation to this meeting, please let us know. This is a required training as we have important information you need before the flight.

4) Guardian Training – Every person who is selected as a guardian must attend a guardian training session before the flight. If they live out of state, we will attempt to assist them in attending a guardian training session in their home state. If they cannot attend a guardian training session and the pre-trip meeting, they cannot serve as a guardian.

5) Collier County Honor Flight will typically have two missions in the Spring and two in the Fall. If you are a seasonal resident we will make every effort to work around your time in Southwest Florida.

6) Veterans do not pay for their Honor Flight, all costs are paid by Collier County Honor Flight, including airfare, buses, and meals.

7) We use our website www.collierhonorflight.org and Facebook “Collier County Honor Flight” to communicate with the public. Please see these sites for general updates and information before contacting us.

Please initial to certify that:

1) You have read and understand this information
2) You have not yet flown on ANY Honor Flight

Collier County Honor Flight is an official hub of Honor Flight Network
FOR HONOR FLIGHT USE ONLY: LN ________________________________ DR ______/_____________/________

VETERAN APPLICATION

Collier County Honor Flight recognizes our American veterans for their sacrifices and achievements by flying them to Washington, DC to see THEIR memorial at no cost. All qualified veterans are encouraged to submit their applications now, since we schedule veterans based upon their date of application and the following priority: (1) WWII veterans and terminally ill veterans from all wars, (2) Korean War veterans and, (3) Vietnam War veterans. To ensure a safe, memorable, and rewarding experience, Collier County Honor Flight provides guardians to fly with the veterans on every flight. For what you and your comrades have given us, please consider this trip a small token of appreciation from all of us at Collier County Honor Flight. For further information, please contact us at (239) 777-9295, visit our website at www.CollierHonorFlight.org, or email us at CollierCountyHonorFlight@gmail.com.

Name: ____________________________________________________________________________
(As shown on your driver’s license or photo ID) (first) (last)

Nickname: ___________________________ (if applicable) Are you a seasonal resident only? ☐Yes ☐No Dates: __________

Address: ________________________________________________________________________
City: ____________________________________________________________________________ County: ______________ State: _________ Zip: ______________

Phone: Primary: (_____) ____________________ Cell: (_____) ____________________________

E-Mail Address: ________________________________________________________________ Weight: _____ Age: _____ Birthdate: __________

T-Shirt Size: (based upon men’s sizes) ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL

How did you hear about Honor Flight? __________________________________________________________________________________________

ALTERNATE CONTACT (son, daughter, etc.) Name: _________________________________

Phone: (_____) ____________________ E-Mail: __________________________ Relationship: ____________________________

EMERGENCY CONTACT (someone available the day you travel with us)

Name: ____________________________________________________________________________ Relationship: ____________________________

Address: ________________________________________________________________________
City: ____________________________________________________________________________ State: _________ Zip: ______________

Phone: Day: (_____) ____________________ Evening: (_____) ____________________ Cell: (_____) __________________________

SERVICE HISTORY:

☐ World War II ☐ Korea ☐ Vietnam ☐ Other ______________________________________________________________________________

Branch of Service: __________________________ Rank: __________ Dates Served: From: __________ To: __________

Work During Service: __________________________________________________________________________ Units in which you served: __________________________________________________________________________

Medals or Commendations Received: ______________________________________________________________________________________________________________________________________________________

I am requesting a particular Guardian ☐Yes ☐No If Yes, Name of Guardian __________________________________________________________________________

MEDICAL: Information provided permits us to assess the support we need to provide during the trip, and make your flight more enjoyable. You will be requested to submit a current list of your medications upon selection for the flight. If your health condition changes prior to the flight, please inform us. Information is for Honor Flight personnel only.

Do you use mobility equipment? ☐Yes ☐No If Yes, ☐Cane ☐Walker ☐Wheelchair ☐Scooter

Are you able to climb 4 steps to get on and off the bus? ☐Yes ☐No

Please note: Wheelchairs will be provided for those who require walkers, wheelchairs or scooters.

PLEASE COMPLETE BACK PAGE
Medication Taken | How Often | Medication Taken | How Often | Medication Taken | How Often |
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Do you have a Pacemaker? □ Yes □ No
Defibrillator? □ Yes □ No
Prosthetics? □ Yes □ No

Are you diabetic? □ Yes □ No If yes, do you take insulin? □ Yes □ No Do you inject it yourself? □ Yes □ No

Do you have any drug allergies? □ Yes □ No Specify: ____________________________

Do you have a history of seizures? □ Yes □ No If yes, what type (i.e. grand mal, petit mal, other) _______________________
When was your last seizure? ______________________. (If within past 5 years, we STRONGLY suggest you discuss this trip with your physician.)

Are you currently taking medication for dementia and/or Alzheimer’s, or been diagnosed with dementia and/or Alzheimer’s? □ Yes □ No

Do you get motion sickness? □ Yes □ No If Yes, is it controlled with medication? □ Yes □ No

Do you have breathing problems? □ Yes □ No If Yes, describe: ______________________________________

Do you use oxygen at any time? □ Yes □ No If yes, do you use it □ full time □ Night only □ As needed.
What is the delivery rate? ____LPM. Honor Flight will help you get an oxygen concentrator on the aircraft and tanks during the tour.

Do you use a home nebulizer machine? □ Yes □ No If Yes, you are STRONGLY encouraged to discuss with your physician the use of a portable nebulizer during the trip.

Do you have a problem with 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.) ______________________________________

Do you have a history of open head injuries, sinus problems or ear problems? □ Yes □ No

If yes, have you flown since these problems occurred? □ Yes □ No

If Yes, did you have any problems? □ Yes □ No If you have not flown since the injury or you had problems with flying, we STRONGLY suggest you discuss the trip with your physician.

Do you have a urostomy or colostomy bag? □ Yes □ No If Yes, please make sure the bag is vented prior to flight.

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 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other 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 Collier County Honor Flight, Inc. nor the provider of aircraft or other transportation provides medical care. I hereby accept all risks associated with travel and other Honor Flight Network activities and will not hold Collier County Honor Flight, Inc., its board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Collier County Honor Flight, Inc. responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: ___________________________ Date: ____/____/______

Please submit this form to: Collier County Honor Flight, Inc.
Attn: Veteran Application
PO Box 8001
Naples, FL 34101 Or e-mail to: CollierCountyHonorFlight@gmail.com