



## **Please read this before submitting your Veteran application.**

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](http://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**

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## 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](http://www.CollierHonorFlight.org), or email us at [CollierCountyHonorFlight@gmail.com](mailto:CollierCountyHonorFlight@gmail.com).

Name: \_\_\_\_\_  
 (As shown on your driver's license or photo ID) (first) (middle) (last)

Nickname: \_\_\_\_\_ (if applicable) Are you a seasonal resident only?  Yes  No Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Unit# \_\_\_\_\_

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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:
- 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.
  - 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