

FOR HONOR FLIGHT USE ONLY

Last Name: _____ Date Received: _____/_____/_____

Veteran Application

Honor Flight Network, Inc. and Honor Flight Bus programs transport veterans to Washington, DC to see THEIR memorial absolutely free. Northeastern High School's 12th Honor Bus trip is scheduled for Saturday, November 18, 2017 sponsored by Northeastern High School and our respective communities in gratitude for your sacrifice for our freedom. We are currently accepting applications for and WW II, Korean, Vietnam, (and those who may have served in these eras but were not deployed) **veterans only**, at first come first serve. (Sorry, non-veteran spouses) Adult "guardian" volunteers and students travel with veterans on every bus ready to provide assistance and support so each veteran has a memorable and rewarding experience. For further information, please contact us at (717) 266-3644 EXT 81307. ALL APPLICATIONS SHOULD BE SUBMITTED NO LATER THAN Friday, November 3, 2017

NAME: (As it appears on your photo ID): _____

NAME you wish to be referred: _____

Background Information

Address:	Street:	City:
State:	Zip Code:	Email:
Phone Numbers:	Day: ()	Evening: ()
Cell Phone: ()	Age:	Weight:

EMERGENCY CONTACT INFORMATION (someone available November 18th):

Name: _____ Relationship: _____

Address: _____

Phone: Day: (____) _____ Evening: (____) _____

Mobile/Cell: (____) _____ Is this person legal power of attorney for you? Yes / No

ALTERNATE CONTACT (son, daughter, etc):

Name: _____

Phone: (____)_____ Email: _____

Relationship: _____

HOW DID YOU LEARN ABOUT HONOR BUS? MEDIA / STUDENT / INVITATION

T-SHIRT SIZE: S / M / L / XL / XXL / XXXL (Will receive one to wear on trip, as our gift)

Will you stay for a Celebration Dinner, following the trip to DC? Yes / No / Undecided

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOMETOWN: (city and state where you entered the service): _____ State: _____

Year discharged? _____ Service activity or duty, theater: _____

PLEASE COMPLETE ALL MEDICAL INFORMATION ON NEXT PAGE

Last Name: _____ Date Received: ____/____/____

MEDICAL BACKGROUND: ALL INFO. CONFIDENTIAL – YOUR NEEDS WILL NOT DISQUALIFY YOU. IT HELPS US ASSESS THE SUPPORT NEEDED DURING THE TRIP. FOR USE BY HONOR BUS AND PROFESSIONAL MEDICAL PERSONNEL WHO WILL BE ACCOMPANYING ON THIS TRIP.

MEDICATION CONDITION	MEDICATION	TIME(S) OF DAY?

Are you enrolled in Medicare? Yes / No / Other coverage, please specify: _____

Do you have any additional Medi-Gap or supplemental insurance? Yes / No / Unsure / Spouse does

Do you have any of these conditions or special needs?

	Circle One	Type	Explain
Use mobility equipment	Yes / No	Cane / Walker / Wheelchair / Scooter	
Drug allergies	Yes / No		
Food allergies or restrictions	Yes / No		
*History of seizures	Yes / No	Grand mal / Petit / other	When was last one?
*Motion sickness	Yes / No		Controlled with medication? Yes / No Explain:
*Breathing problems	Yes / No		
*Use home nebulizer machine	Yes / No		STRONGLY encouraged to discuss use of portable hand-held nebulizers needed on trip with your private physician
*Use oxygen	Yes / No		Please have private physician write a prescription for oxygen and have portable oxygen canister with you
*Equilibrium or balance issues	Yes / No		Explain:
Able to walk without assistance (approx. 100 yards)	Yes / No		
Able to climb 3-4 steps to board bus	Yes / No	With assistance	
Open head injuries	Yes / No		Have you traveled having these problems?

			Yes/No Problems traveling? Yes/No
*Urostomy or colostomy bag	Yes / No		
Low vision, blindness other sight limitations	Yes / No		
Reduced hearing	Yes / No		Do you wear hearing aids? Yes / No

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PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. Photographic and video equipment will be used to memorialize and document **Honor Flight Network and Honor Bus** trips and events, individual or group images may appear in a public forum, such as in public media or a website, to acknowledge, promote or advance the work of the **Honor Flight Network** program. I hereby release the photographer and **Honor Flight Network, Honor Bus, sponsoring agencies and Northeastern High School** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight Network** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight Network** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further acknowledge that medical insurance is the responsibility of the veteran and I understand that **Honor Flight Network and Honor Bus** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight/Honor Bus** activities and will not hold **Honor Flight/Honor Bus nor Northeastern High School** responsible for any injuries incurred by me while participating in the **Honor Flight/Honor Bus** program(s).

SIGNED: _____ DATE: ____/____/____

Please mail this form to:

Honor Bus Project
C/O Northeastern High School
300 High Street
Manchester, PA 17345

For additional Information or questions contact

Email: swartzd@nebocats.org

Phone: Northeastern High School: (717) 266-3644, ext. 81307 Fax – (717) 266-0616