



CENTRAL MISSOURI HONOR FLIGHT VETERAN APPLICATION

Central Missouri 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 is given to WW II and terminally ill veterans from **all** wars. Second priority goes to Korean War veterans and third priority goes to Vietnam War veterans. For **CM Honor Flight** to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. Veterans are accompanied on their flight by guardians who serve as escorts to the veterans. We select our guardians based on their medical capabilities and/or military service.

IMPORTANT: Central Missouri Honor Flight **DOES NOT** accept family members, friends, or caretakers of a veteran to serve as their veteran's guardian on an honor flight. Please do not encourage your family, friends, or caretakers to apply for guardian status as their application **WILL NOT** be considered.

Thank you, in advance, for submitting your application and allowing us the honor of escorting you to Washington to see your memorials AND allowing all of Central Missouri to extend their appreciation to you for your service and sacrifice to our Great Country. Should you have further questions, please contact us at (573) 256-1930 or contact us via email: cmhfwhywefly@gmail.com Please Print Name as it appears on your photo ID (needed for airport security)

PLEASE COMPLETE ENTIRE APPLICATION!

YOUR NAME: _____

(Please List Your First, Middle & Last Name)

First Name Preferred on Name Badge: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **AGE:** _____ **DOB:** _____

TEE SHIRT SIZE: (M, L, XL, XXL, XXXL) _____ (You may wish to wear it over another shirt)

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

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SECONDARY EMERGENCY CONTACT (son, daughter – not living with you):

Name: _____

Phone: _____ **E-mail:** _____ **Relationship:** _____

Service History

Branch of service: _____ Rank: _____ (Please circle) WWII / Korea / Vietnam

Activity during service: _____ Service Dates: _____

IMPORTANT: MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE YOU DURING THE TRIP. INFORMATION IS FOR CMHF AND MEDICAL PERSONNEL ONLY. A PHYSICIAN ACCOMPANIES ALL FLIGHTS. Please circle

- ➡ 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.)

➡ Do you use a wheelchair? **always occasionally do not use**

➡ If you use a wheelchair, can you climb 4-5 steps onto the bus? **YES NO**

➡ If you use a wheelchair can you transfer from wheelchair to seat? **YES NO**

➡ Do you use a walker or cane? **always occasionally does not use**

➡ If always or occasional can you climb 4-5 steps onto the bus? **YES NO**

➡ Do you have any **drug allergies?** **YES NO** **Food allergies?** **YES NO**

If yes _____

➡ Do you have a history of **seizure?** **YES NO** Please describe what type (i.e. grand mal, petit mal, other) _____. When was your last seizure? _____. If within past 5 years, we **STRONGLY** advise you discuss trip with your private physician!

➡ Do you have problems with **motion sickness** (sea or air)? **YES NO** If yes, is it controlled with medications? **YES NO** If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

OXYGEN

➡ Do you have any **breathing problems?** **YES NO**

If YES, please describe: _____

➡ Do you use a home nebulizer machine? **YES NO** If you use an inhaler, please bring with you on trip.

➡ Do you use **oxygen** at any time? **YES NO**. When? _____

If **yes**: Liter per minute _____ **Continuous or Intermittent**

➡ Do you have a history of **open head injuries, sinus problems, or ear problems?** **YES NO**. If YES, have you flown since the open head injury, sinus or ear problems occurred? **YES NO**. If YES, did you have any problems? **YES NO** If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

➡ Do you have a wound that requires dressing bandages? **YES NO**

➡ Do you have a **urine (catheter) or colostomy bag?** **YES NO**. If YES, please make sure the bag is emptied prior to flight. If you do not know if your bag is emptied, can your bag be easily emptied or replaced? It is **STRONGLY** advised that you discuss this issue with your private physician.

➡ Please check: _____ Lack of control of urine function _____ Frequent urination

_____ Lack of control of stool

If you use a urostomy or colostomy bag, please arrange to bring an extra bag on the flight.

➡ Have you been diagnosed with dementia? **YES NO** Alzheimer's? **YES NO** If yes, please explain:

Please list any past medical history (for example: heart disease, diabetes, stroke, high blood pressure):

Physician's Name: _____ Phone Number _____

Please list all medication you are currently taking:

MEDICATION NAME	QTY AND SCHEDULE TAKEN?
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please attach medication list if the space above is not enough.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **CM 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 **CM Honor Flight** program. I hereby release the photographer and **CM Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **CM Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **CM 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 **CM 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 **CM Honor Flight** activities and will not hold **CM Honor Flight**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **CM Honor Flight** responsible for any injuries incurred by me while participating in the **CM Honor Flight** program.

SIGNED: _____ **DATE:** _____

(E-mail applicants will be required to sign prior to actual flight date)

IF FORM WAS COMPLETED BY SOMEONE OTHER THAN APPLICANT, PLEASE COMPLETE:

Name: _____ **Contact Phone Number:** _____

Please submit this form to:

Central Missouri Honor Flight

1400 Forum Blvd., Ste. 7-A, Box 334

Columbia, MO 65203

Or Email PDF to: CMHFwhywefly@gmail.com

Updated: September 2022