

# HFCCC Application



*This application is for me going as a:*

Veteran       Guardian  
(one person per application)

Honor Flight Central Coast California (HFCCC) recognizes our American veterans for their sacrifices and achievements by flying them to Washington, DC to see their memorial at no cost to them. Top priority is given to WWII, Korean War, Vietnam, and terminally ill veterans from all wars. In order for Honor Flight to achieve this goal, guardians, who must be 18 or older, pay their own travel expenses. Their mission is to accompany and assist the veterans in having a safe, memorable and rewarding experience. Unless otherwise stated, all flights depart from San Luis Obispo Regional Airport.

For further information, contact 805-610-4012 or e-mail [honorflightccc@gmail.com](mailto:honorflightccc@gmail.com). PDF fillable applications can be downloaded at our website [www.honorflightccc.org](http://www.honorflightccc.org).

**FULL NAME:** \_\_\_\_\_  
(Please provide a copy of the ID that you will show at the ticket counter with this application)

Preferred name or nickname: \_\_\_\_\_

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

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

Primary work or home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Men's T-Shirt Size: (S, M, L, XL, XXL, XXXL): \_\_\_\_\_ Men's Jacket Size: (S, M, L, XL, XXL, XXXL): \_\_\_\_\_

This application is for me going as a guardian, but I am also a veteran (Check if yes)   
(Guardians who are veterans will be automatically added to the veteran waiting list of their war time era.)

**SERVICE HISTORY:** BRANCH OF SERVICE: \_\_\_\_\_ Rank (not pay grade) \_\_\_\_\_

Conflict(s) served: WWII\_\_ KOREA\_\_ VIETNAM\_\_ NONE\_\_ OTHER \_\_\_\_\_

Military MOS and job description: \_\_\_\_\_

Additional comments of military history

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary work or home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**ADDITIONAL VETERAN EMERGENCY CONTACT OF SOMEONE LIVING OUTSIDE THEIR HOME:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary work or home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL VETERAN INFORMATION**

**Will a family member or caregiver (other than spouse) be traveling with you as your guardian?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES, please list their name and info below.)

Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL INFORMATION: TO BE COMPLETED BY GUARDIANS AND VETERANS**

Medical information permits us to assess the support we need during the trip. Information is for Honor Flight and medical personnel only. A medical release may be required from your physician. Attach a copy of a Do Not Resuscitate (DNR) order if those are your wishes.

Please list your physician’s name and phone number in case of an emergency:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you use **mobility equipment**? YES \_\_\_NO\_\_\_, If YES, how often? \_\_\_\_\_

If YES, please check device: **CANE** \_\_\_\_\_ **WALKER** \_\_\_\_\_ **WHEELCHAIR** \_\_\_\_\_ **SCOOTER** \_\_\_\_\_

**MEDICATIONS (Please attach extra page if needed for your medications)**

MEDICATION TAKEN	DOSAGE	HOW OFTEN

Do you have any **drug allergies**? YES \_\_\_ NO \_\_\_, **If YES**, please list \_\_\_\_\_

---

Do you have a **history of seizures**? YES \_\_\_ NO \_\_\_, **If YES**, please describe what type (e.g. grand mal, petit mal, other)

---

Last seizure \_\_\_/\_\_\_/\_\_\_ If within past 5 years, **STRONGLY** advise you discuss trip with your physician.

Been diagnosed with **dementia** or are you taking any medications for dementia? YES \_\_\_\_\_ NO \_\_\_\_\_  
Are you able to provide all **self-care independently** (eating, bathing and dressing)? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, what help is needed? \_\_\_\_\_

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 medications, it is **STRONGLY** advised you discuss the trip with your physician!

Do you use a **nebulizer** machine? YES\_\_\_ NO\_\_\_ If YES, you are **STRONGLY** advised to discuss the trip with your physician concerning use of portable hand-held nebulizers during the trip.

Do you have **breathing problems**? YES \_\_\_ NO\_\_\_\_\_ If YES, please describe:

---

Do you use **oxygen** at any time? YES\_\_\_ NO\_\_\_ If YES, you will need your physician to write a prescription for oxygen to be used during the flight and during the tour. The prescription must be turned in with the application and oxygen will be provided in Washington D.C.

Do you have difficulty walking the length of a football field without assistance? YES\_\_\_ NO\_\_\_

If YES, please describe the reason(s) (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 the open head injury, sinus or ear problem? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, did you have any problems? YES\_\_\_ NO\_\_\_ If YES, it is **STRONGLY** advised that you discuss the trip with your private physician. If you have NOT flown since the open head injury, sinus or ear problem began, we **STRONGLY** advise you to discuss the trip with your physician.

Do you have a **urostomy or colostomy bag**? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please make sure your bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this with your physician.

**ALL PARTIES 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 Central Coast California (HFCCC) and the Honor Flight Network (HFN)** trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the HFCCC and the HFN program. I hereby release the photographer and HFCCC and the HFN from all claims and liability relating to said images. I hereby give permission for my images captured during HFCCC and the HFN activities through video, photo or other media, to be used solely for the purposes of HFCCC and the HFN promotional materials and publications, and waive any rights of compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran, guardian, volunteer, and I understand that HFCCC and the HFN does NOT provide medical care. I understand that I accept all risks associated with travel and other HFCCC and the HFN activities and will not hold HFCCC and the HFN responsible for any injuries incurred by me while participating in the HFCCC and the HFN program
3. HFCCC provides flight cancellation and liability insurance.
4. Refunds are dependent on the amount of funds that are returned to HFCCC from purchases made previously on the guardian's behalf.

**SIGNED: \_\_\_\_\_ PRINT: \_\_\_\_\_**  
**Signatures are not required on applications sent via e-mail. We can obtain them later.**

**DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Please submit this form and a copy of your identification to:**

**Honor Flight Central Coast California  
Post Office Box 1750  
Paso Robles, CA 93447-1750**

**OR E-mail to: [honorflightccc@gmail.com](mailto:honorflightccc@gmail.com)**

**HFCCC Use Only - Date received or postmarked \_\_\_\_/\_\_\_\_/\_\_\_\_**

**HFCCC Use Only - Veteran acknowledgement letter sent date \_\_\_\_/\_\_\_\_/\_\_\_\_**