

Do not staple

# HFCCC Veteran 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 memorials at no cost to them. In order for Honor Flight to achieve this goal, guardians, who must be 18 or older, pay their own travel expenses. Their responsibility is to accompany and assist the veterans in having a safe, memorable and rewarding experience.

For further information contact 805-610-0180 or e-mail [FlightInformation@honorflightccc.org](mailto:FlightInformation@honorflightccc.org)  
Online applications and frequently asked questions can be found at: [www.honorflightccc.org/apply](http://www.honorflightccc.org/apply).

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FULL LEGAL NAME (No Initials): \_\_\_\_\_  
*(Full legal name as it appears on either your Real ID or passport. Provide a copy of the same ID you will show at the airport. NOTE: Your application will be put on hold until this is received.)*

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): \_\_\_\_\_

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

When did you serve: From (Mo/Yr) : \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

What war era(s) did you serve? WWII  Korea  Pre Vietnam  Vietnam  Post Vietnam

If Post Vietnam, please specify: \_\_\_\_\_

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: \_\_\_\_\_

**ADDITONAL EMERGENCY CONTACT OF SOMEONE LIVING OUTSIDE YOUR HOME**

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

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

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

**GUARDIAN INFORMATION**

Each veteran is required to be accompanied on the trip by a guardian/companion. Guardians are most frequently family members, but a veteran might also choose a physician-certified caregiver or younger friend. Note spouse or significant other *cannot* serve as guardian. All guardians must meet Honor Flight CCC criteria. Please indicate your proposed guardian's name and have them submit a separate Guardian application ([www.honorflightccc.org/apply](http://www.honorflightccc.org/apply)).

Guardian Criteria: Pay \$1,500 Guardian Fee which covers all costs (payment is not due until the guardian is accepted on the flight). Family member guardians must be between 16-65 years old and cannot be spouse or significant other. Non family member guardians must be between 18-65 years old. Guardians over 65 must get HFCCC Chair approval. Guardians must be in good physical health, have good eyesight and hearing, be able to lift 80 lbs. and assist the veteran with all needs, including potentially pushing a transport chair up to seven miles in a single day. Guardians are part of a team that helps with bus loading and unloading (veterans and equipment) and other support.

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

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical information permits us to assess the support we need during the trip including emergencies. Information is for Honor Flight and medical personnel only. A medical release may be required from your physician. If you have a DNR and want to take it on the trip, it is your responsibility to carry it with you.

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

MEDICATION TAKEN	DOSAGE	HOW OFTEN

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

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

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

If YES, please list \_\_\_\_\_

Do you use **mobility equipment**? YES \_\_\_ NO \_\_\_, If YES, how often? \_\_\_\_\_

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

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 to have an oxygenator to use during the trip.

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.

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. 14-7 days before the trip there will be a mandatory Pre-Flight event and training that I must attend in order to go on the trip.
2. 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.
3. I further state that medical insurance is NOT the responsibility of HFCCC or HFN. 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
4. HFCCC provides flight cancellation and liability insurance for those listed on the HFCCC airline sponsored manifest.
5. Refunds are approved by the HFCCC Board on a case by case basis.
6. I agree to indemnify and hold the Honor Flight Central Coast California (HFCCC) and its board members harmless from and against any and all claims, liability, loss, expenses, suits, damages, judgments, demands, and costs (including reasonable legal fees and expenses) arising out of (i) the acts or omissions of HFCCC or its board members in connection with Tour of Honor or related events; or (ii) any accident, injury or death to persons, or loss of or damage to property, or fines and penalties which may result, in whole or in part, on a Tour of Honor or related events.
7. I understand that the HFCCC Board reserves the right to deny any application at the Board's discretion.

**SIGNED:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_

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

**How to Submit Your Application:**

- o Via email as an attachment to [FlightInformation@honorflightccc.org](mailto:FlightInformation@honorflightccc.org), or
- o Mail it to:  
 Honor Flight Central Coast California  
 Attn: Flight Information  
 PO Box 1750  
 Paso Robles CA 93447

**NOTE:** Please also send a copy of your Photo ID.

HFCCC will keep your application file until you go on a trip. If you want us to delete your application from our system before you go on a trip please contact us at [flightinformation@honorflightccc.org](mailto:flightinformation@honorflightccc.org). Once you go on a trip, HFCCC will delete your application from our system within 30 days after you return.

View our Privacy Policy at <https://www.honorflightccc.org/privacy-policy/>.

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