

Do not staple

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 FlightInformation@honorflightccc.org
PDF fillable applications can be downloaded at our website www.honorflightccc.org.

FULL NAME: _____
(Provide a copy of the same photo 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) _____

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

Military MOS and job description: _____

Additional comments of military history

EMERGENCY CONTACT INFORMATION (veteran and guardian)

Name: _____ Relationship: _____

Primary work or home phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

**ADDITIONAL EMERGENCY CONTACT OF SOMEONE LIVING OUTSIDE YOUR HOME
(To be filled out by veterans only):**

Name: _____ Relationship: _____

Primary work or home phone: _____ - _____ - _____ Cell: _____ - _____ - _____

ADDITIONAL INFORMATION (veteran only)

Will a family member or caregiver (OTHER THAN A SPOUSE OR COMPANION) be traveling with you as your guardian?

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

Guardian Name: _____ Relationship: _____

Phone number: _____ - _____ - _____ Email: _____

MEDICAL INFORMATION: (To be filled out by both veterans and guardians)

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.

Attach a copy of a Do Not Resuscitate (DNR) order if those are your wishes. DNR included ___ Yes ___ No

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 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 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
3. HFCCC provides flight cancellation and liability insurance for those listed on the HFCCC airline sponsored manifest.
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:** _____
(E-mail applicants will be required to sign prior to actual flight date).

DATE: ____/____/____

How to Submit Your Application

1. Fill it out online
2. Save it to your PC (important step)
3. Submit it to us:
 - o Via email as an attachment to FlightInformation@honorflightccc.org, or
 - o Via USPS: Print it, send a copy of your identification and mail it to:

HFCCC
PO Box 1750
Paso Robles CA 93447

HFCCC Use Only - Date received or postmarked ____/____/____