VETERAN APPLICATION

Old Glory Honor Flight of Northeast Wisconsin | A Missions of Honor program

The mission of Old Glory Honor Flight of Northeast Wisconsin is to transport local veterans to Washington, D.C. to see their memorials and to thank them for their service at no cost to the veteran.

Please note: Old Glory Honor Flight will assign you a guardian escort who may or may not be of your choosing. Every veteran is assigned a trained volunteer guardian or medical assistant who will assist you during your trip. If you have a family member at least one generation younger than you, they may apply online to go along but we cannot guarantee an invitation due to our waitlist.

☐ **I served on active duty on or before July 1, 1991.**

Eligible veterans must have served on active duty in any branch of the US military, anywhere in the world, on or before July 1, 1991 to qualify for the Old Glory Honor Flight.

VETERAN INFORMATION

First Name _____ **Full Middle Name** _____ **Last Name** _____

Please enter your full given name, including your full middle name and any titles that are a legal part of your name (Jr., Sr., etc.).

Nickname _____ **Email** _____

Street Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Cell Phone _____ **Home Phone** _____

☐ **Yes, text me mission updates.** I agree to receive recurring text messages from Missions of Honor.
Messages may include application updates, mission schedules, travel details, reminders, and important changes. Message frequency varies. Message and data rates may apply. Reply STOP to unsubscribe or HELP for help. Consent is not required to apply or participate.

Date of Birth _____ **Age** _____ **Height** _____ **Weight** _____

Gender: ☐ Male ☐ Female

Polo Shirt / Jacket Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL ☐ 5XL

MILITARY SERVICE

Conflict Served *(check all that apply)*

☐ I am a WWII veteran
☐ I am a Korean era veteran
☐ I am a Vietnam War or Vietnam era veteran
☐ I am a Gulf War (Desert Shield/Desert Storm) veteran
☐ I am a Global War on Terrorism (GWOT) veteran
☐ I served between wars/conflicts listed above

Branch of Service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Highest Rank _____

Check your DD-214 for the following dates.

Start Date of Service _____ **Date of Discharge** _____

Please tell us where you served, duties, assignments, rank. Any special accomplishments or memories?

GUARDIAN & PAIRING REQUESTS

Are you requesting to fly with a specific Guardian? ☐ No ☐ Yes

If yes, Guardian Name _____ **Phone** _____

Please let your guardian know you've applied so they can submit their own guardian application. Missions are only confirmed once both applications are received.

Are you requesting to be paired with specific Veteran(s) on the flight? ☐ No ☐ Yes

If yes, Veteran Name(s) _____

EMERGENCY CONTACTS

Emergency Contact #1

Name _____ **Relationship** _____

Phone _____ **Email** _____

Emergency Contact #2 *Needs to be a different person than the one listed above.*

Name _____ **Relationship** _____

Phone _____ **Email** _____

PRELIMINARY MEDICAL INFORMATION

The information provided is used by Old Glory Honor Flight staff and medical volunteers to ensure we are providing you the best support possible for the trip. You are strongly encouraged to discuss the trip with your personal physician.

I currently use a wheelchair, walker, or cane ☐ Yes ☐ No

If yes, please specify _____

I am able to stand and fully support myself without assistance ☐ Yes ☐ No, I may need assistance

I am able to walk long distances (up to the length of a football field) ☐ Yes ☐ No, I may need assistance

I am able to navigate several steps onto and off of the bus while in D.C. ☐ Yes ☐ No, I may need assistance

I require supplemental oxygen ☐ Yes ☐ No

Please add any concerns including medical information or needs to help us make your trip as comfortable as possible.

Once you are added to a flight you will receive a more detailed medical form to complete.

PLEASE REVIEW CAREFULLY, INITIAL & SIGN

_____ I understand that medical insurance is my responsibility, and I understand that neither Old Glory Honor Flight, Missions of Honor, the aircraft provider nor the bus company provides medical care. I understand that I accept the risks associated with travel and will not hold Old Glory Honor Flight, Missions of Honor, the National Honor Flight Network, the flight provider, bus company or any person or group for any injuries incurred while participating in the Honor Flight program.

_____ I understand that Old Glory Honor Flight strongly recommends I discuss this trip with my personal physician prior to the flight date.

_____ I hereby give permission for my name to be released to other veterans via a flight roster. Information will include veteran name, address, phone number and branch of service.

_____ I understand that when I am selected to take part in the program that I will be given directions on how to provide more current and specific medical information.

_____ I understand that my spouse or significant other cannot accompany me on this trip unless he or she is also a Service Date Qualified Veteran as I am.

_____ I understand that I will be assigned a trained guardian when it's my turn to travel with Old Glory Honor Flight and it may NOT be the person I requested depending on flight-specific needs.

_____ I hereby give permission for my images captured during Old Glory Honor Flight / Missions of Honor activities through video, photo, website or other media, to be used solely for the purposes of Old Glory Honor Flight / Missions of Honor promotional material and publications and waive my rights of compensation or ownership.

_____ I acknowledge that I have not previously participated with Old Glory Honor Flight or any other Honor Flight Hub on a trip to Washington DC.

_____ All passengers must have a REAL ID-compliant driver's license according to TSA or valid passport. Please ensure your identification is current or you will be unable to participate according to TSA rules and regulations.

We will not accept applications that are a surprise to the veteran. The veteran needs to sign and date this application him or herself.

Signature _____ **Date** _____

Additional Comments or Concerns Regarding Old Glory Honor Flight

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You will be contacted by the Missions of Honor team when it's your turn to go.
Please be patient, most veterans wait approximately 12-18 months before it's their turn.
Thank you for your service, we can't wait to meet you!

Please send this application to:
Old Glory Honor Flight | Attn: Applications
321 S. Nicolet Rd., Suite A, Appleton, WI 54914
Apply online at www.missionsofhonor.org and find us on Facebook!

OFFICE USE ONLY
Date Received: _____ Entered By: _____ Date Entered: _____