

# HONOR FLIGHT of MIDDLE TENNESSEE

(formerly; Southern Middle Tennessee Honor Flights)

## VETERAN APPLICATION

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 (for which we are currently accepting applications only) is given to WWII, Korean War and terminally ill veterans from all wars. In the future, Honor Flights will be expanded to include Vietnam Veterans. In order for Honor Flights to achieve this goal, guardians fly with the Veterans on every flight providing assistance, and helping Veterans have a safe, memorable, and rewarding experience. For what you and your fellow veterans have given us, please consider this a small token of appreciation from all of us at Honor Flights.

For additional information, please contact Sergeant Major (E-9) Larry E. Williams, US Army/ Retired @ (931) 924-3000 (home)/ (931) 224-3226 (cell)/ [tennessenas2@blomand.net](mailto:tennessenas2@blomand.net).

\*\* ONE OF FOUR PAGES/ REVISED: 15 JUNE 2015

### INSTRUCTIONS FOR COMPLETING YOUR HONOR FLIGHT APPLICATION:

- \* PLEASE READ EACH LINE ITEM, CAREFULLY.
- \* Complete each line of this application in its entirety, i.e., first, middle & last names.
- \* Please reflect totally accurate information, i.e., do you need wheelchair assistance.  
(you will be required to walk approximately ONE MILE during the day)
- \* If you have any questions, please contact the above listed Honor Flight representative.

HAVE YOU EVER VISITED THE MEMORIALS AT WASHINGTON, DC? YES / NO  
When? \_\_\_\_\_

**YOUR FULL NAME:** \_\_\_\_\_  
(AS IT APPEARS ON YOUR ID CARDS)  
NICK NAMED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE HONOR FLIGHT? \_\_\_\_\_

WILL YOU REQUIRE OXYGEN DURING THIS TRIP? \_\_\_\_\_

POLO SHIRT SIZE: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

ALTERNATIVE CONTACT (Son, Daughter, etc)

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (someone available the day of travel)

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

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

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

YOUR SERVICE HISTORY: **BRANCH OF SERVICE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

HOME TOWN (from which city and state you entered the service.) \_\_\_\_\_

**MILITARY DATES OF SERVICE:** \_\_\_\_\_

**MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY!. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

**DO YOU USE MOBILITY EQUIPMENT? YES / NO.**

If **YES**, please circle the devise: CANE, WALKER, WHEELCHAIR OR SCOOTER.

**NOTE: YOU WILL BE REQUIRED TO WALK APPROXIMATELY ½ MILES!!!!!!!!!!!!**

MEDICATION(S) NAME AND HOW OFTEN TAKEN?)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have any drug allergies? \_\_\_\_\_

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

Do you have problems with motion sickness? **YES / NO.** If **YES**, is it controlled with medication? **YES / NO**  
If motion sickness is not controlled with medications, it is **STRONGLY** encouraged to discuss the trip with your private physician!

Do you have any breathing problems? **YES / NO.** If **YES**, please describe \_\_\_\_\_

Do you have a home nebulizer machine? **YES / NO.** If **YES**, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of a portable hand-held nebulizer during the trip.

Do you use oxygen at anytime? **YES / NO.** If **YES**, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Do you have a problem walking the length of a foot ball field without assistance? **YES / NO.** If **YES**, please describe the reason (e.g. lung/heart problems, arthritis etc: \_\_\_\_\_

Do you have a history of open head injuries, sinus or ear problems? **YES / NO.** If **YES** have you flown since the open head injury, sinus/ear problems occurred? **YES / NO.** If **YES**, did you have any problems? **YES / NO**  
If **YES**, it is **STRONGLY** encouraged that you discuss the trip with your private physician.

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

Do you smoke? \_\_\_\_\_

Are you in the Veteran's Health Care System? \_\_\_\_\_

Your Honor Flight will provide at least one Doctor and one Nurse for your health and safety during the flight.

Do you have a personal "Guardian" who would care to accompany you on this flight at a cost of \$ 400.00. If you do have someone in mind, you **MUST CONTACT** our hub's "Guardian Scheduling Coordinator", Ms.

Lana Woodard @ (931) 455-3488, **IMMEDIATELY!**

**YOU WILL NOT RECEIVE ANY FURTHER INFORMATION UNTIL APPROXIMATELY THREE WEEKS PRIOR TO THE FLIGHT DATE, AT WHICH I YOU WILL RECEIVE A LETTER STATING THAT YOU WILL BE ON BOARD FOR THE NEXT FLIGHT DATE, AND AT LEAST ONE TELEPHONE CALL FROM THE PERSON WHO HAS BEEN ASSIGNED AS “YOUR GUARDIAN” FOR THAT DAY.**

**IF FOR ANY REASON YOU ARE UNABLE TO FLY ON THAT DATE, PLEASE CONTACT ME IMMEDIATELY SO I MAY ARRANGE FOR A FELLOW VETERAN TO FILL YOUR SEAT (WE PAY FOR THE SEATS AHEAD OF TIME AND, ARE UNABLE TO RECOUP ANY FUNDS).**

**IF YOU WERE TO CANCEL DO TO A HEALTH ISSUES, I WILL SIMPLY SCHEDULE YOU FOR THE NEXT SCHEDULED HONOR FLIGHT!**

**IF YOU ARE MEETING THE GROUP AT THE NASHVILLE AIRPORT, GO TO THE SOUTHWEST AIRLINES MAIN LEVEL FOR BOTH DROPOFF AND FOR PICKUP!**

**RECOGNIZED SERVICE DATES:**

**WORLD WAR II; 7 December 1941- 31 December 1946**

**KOREAN WAR; 27 June 1950- 31 January 1955**

**VIETNAM WAR: 5 August 1964 (28 February 1961 for Veterans who served “in country” before 5 August 1964) through 7 May 1975**

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 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for images captured during 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 Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

3.) Would you agree to allow your contact information and/or photos of the flight released to your fellow attendees and to the local newspapers? **YES** \_\_\_\_\_ / **NO** \_\_\_\_\_

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

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (E-Mail applicants will be required to sign prior to actual flight date)

**Please submit this form to:**

**Honor Flights of Middle Tennessee  
Sgt. Maj. Larry E. Williams, US Army/ Retired  
PO Box 188  
Monteagle, TN 37356-0188 (931-924-3000)**

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**IMPORTANT NOTICE:**

**THE NATIONAL HONOR FLIGHT HEAD-  
QUARTERS HAS RULED THAT A SPOUSE  
MAY NOT ACCOMPANY THIER VETERAN  
ON AN HONOR FLIGHT.**

**IF YOU WOULD CARE TO RECOMMEND A  
“GUARDIAN” FOR YOUR FLIGHT, PLEASE  
CONTACT THE FOLLOWING IMMEDIATELY:**

**MS. LANA BRADFORD  
GUARDIANS’ SCHEDULING  
HONOR FLIGHT OF MIDDLE TENNESSEE  
@ (931) 455-3488 (OFFICE)**

**NOTE: WE WILL SUPPLY YOUR WHEEL-  
CHAIR IF YOU HAVE REQUESTED ONE!**

**PLEASE DO NOT PLAN TO BRING ALONG  
YOUR PERSONAL WHEELCHAIR!**

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