HONOR FLIGHT MAINE
VETERAN APPLICATION

Honor Flight Maine recognizes Maine's Veterans for their service and sacrifice by flying them to Washington DC to visit and reflect at their memorials, at **no cost to the Veteran**. All Veterans who served between 12/7/1941 and 05/08/1975 are eligible to travel with Honor Flight Maine with priority given to our most elderly Veterans and those terminally ill. For further information, please contact us at **207.370.7210** or online at **www.honorflightmaine.org**

Please submit **all 4 pages** of this form with required signature(s) as soon as possible to:

Honor Flight Maine
ATTN: Veteran Application
PO Box 469
Augusta, ME 04332

OR email application to: info@honorflightmaine.org

As of May 7, 2025, ALL airline passengers are required to present a REAL ID compliant license or acceptable alternative identification to pass through security at Transportation Security Administration (TSA) checkpoints. For a list of acceptable documents, please visit: https://www.dhs.gov/real-id

Your name: _____ **Nickname:** _____
(as it appears on your state or federal ID for airline travel) (if applicable)

Address:_____

City/State: _____ Zip: _____

Primary phone: _____ Cell: _____

Email: _____

Date of birth (month/day/year): _____ / _____ / _____ Age: _____ Gender: ☐ Male ☐ Female

☐Y ☐N Have you been on a previous trip to Washington DC with Honor Flight Maine?

T-shirt size: ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL ☐XXXXL
(Note: T-shirts are in men's sizes, ladies please order accordingly.)

Conflict Eras in Which You Served:

☐WWII Veteran (12-31-1946 or earlier) ☐Korean War Veteran (6/27/1950 to 1-31-1955)
☐Cold War Veteran (2/1/1955 to 2/27/1961) ☐Vietnam War Veteran (2/28/1961 to 5/7/1975)
☐Other: _____

Dates you served in the military (month/year to month/year): _____ / _____ to _____ / _____

Branch of service: ☐Army ☐Marines ☐Navy ☐Air Force ☐Space Force ☐Coast Guard
☐Merchant Marines Rank: _____

Country(ies) where you served:_____

Activity during your service: _____
_____

EMERGENCY CONTACT INFORMATION

Primary emergency contact (someone not traveling with you):

Name:_____ Relationship: _____
Address: _____ City/State: _____
Primary phone: _____ Cell: _____
Email:_____

Non-Spouse alternate contact (son, daughter, grandchild, friend):

Name:_____ Relationship: _____
Address: _____ City/State: _____
Primary phone: _____ Cell: _____
Email:_____

BUDDY INFORMATION

If you and a fellow Veteran from the same era would like to travel together, **please ask him/her to complete a Veteran Application**. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight. We will do our best to accommodate your request but cannot make any guarantees.

Buddy's Name: _____Buddy's Phone: _____

GUARDIAN INFORMATION

To ensure a safe, comfortable, and memorable journey, each Veteran traveling with Honor Flight Maine must be accompanied by a guardian. Guardians play a vital role in assisting Veterans throughout the trip – including help with baggage, mobility, personal wellness, and staying on schedule. Because their support is essential to the success of every flight, we are unable to confirm a Veteran's participation until the guardian's application has been received.

We strongly recommend that you select a trusted family member or friend as your guardian. Guardians must be between 18 and 75 years old, in good health, and **cannot** be a spouse, partner, or significant other. Please note that during the trip, the Veteran and guardian will share a hotel room with two beds, allowing the guardian to remain close and provide any needed support throughout the experience. Please provide the guardian's contact information below and encourage them to complete the guardian application available on our website. This step is important for their consideration, though we must note that selection is not guaranteed.

To help offset travel costs, we ask each guardian to make a $500 donation. We are deeply grateful for your understanding, generosity, and cooperation in helping us honor our Veterans with the trip of a lifetime.

Requested guardian name:_____ Relationship:_____
Phone:_____ Email: _____
Additional comments: _____

YOUR MEDICAL INFORMATION

<u>The information provided below WILL NOT disqualify you!</u> It permits Honor Flight Maine Flight & Medical staff to assess the support we may need during the trip. Information is for Honor Flight Maine Flight & Medical staff only. A medical release may be required by your physician.

Please list your physician's name and phone number in case of emergency:
Name: _____Phone: _____

☐Y ☐N Are you terminally ill? (Defined as your doctor will certify that your illness is life limiting and meaning you likely have 12 months or less to live.)

Please indicate any mobility equipment used:
☐Cane ☐Walker ☐Wheelchair ☐Wide Wheelchair ☐Scooter ☐None

☐Y ☐N Can you walk up 5-6 stairs on a bus with assistance?

☐Y ☐N Can you walk the length of a football field without assistance? If YES, please describe (i.e.: lungs, heart, arthritis): _____

☐Y ☐N Do you require an **ADA** (handicapped) hotel room?

<u>Medications</u> – Please attach extra page(s) if needed for your medications and include all medications (i.e.: prescribed, over the counter, vitamins/supplements, etc.)

Medication Name	How Often	Medication Name	How Often

Additional Medical (Check all that apply and check with your Primary Care Doctor before traveling)

- ☐ Diabetic
- ☐ Breathing Problems
- ☐ Drug Allergies (Explain in Comments)
- ☐ Oxygen (Doctor's RX will be required)
- ☐ Head, Sinus, Ear Problems
- ☐ Heart Issues
- ☐ Kidney Disease
- ☐ Home Nebulizer, BiPap, CPAP
- ☐ Motion Sickness
- ☐ Seizures (Explain in Comments)
- ☐ Pacemaker
- ☐ Hearing Problems
- ☐ Urostomy or Colostomy Bag
- ☐ Memory Issues (Explain in Comments)

YOUR MEDICAL INFORMATION CONTINUED

Is there anything else we should know about your physical/medical situation or special needs? Are there any condition(s), not mentioned above, or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in a trip?: _____

_____

_____

Do you have any additional comments or concerns you would like HFM to know about? _____

_____

_____

_____

PLEASE REVIEW CAREFULLY AND SIGN

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Maine medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Maine must medically approve all participants to fly. I agree to notify Honor Flight Maine immediately should my medical condition change prior to the trip. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Maine to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Maine. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility, and that Honor Flight Maine does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Maine activities, and that I will execute a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Maine while participating in the program. **I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Maine program and my signature on this page shall be sufficient evidence of my consent.** My signature authorizes Honor Flight Maine to call my physician(s) or any other person familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Print name: _____ **Date:** _____

Signature: _____

If you are completing this application for your Veteran, please print your name, relationship to the Veteran and provide a phone number for us to contact you.

Print name: _____ **Date:** _____

Signature: _____ **Relationship:** _____

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