



## Veteran Application

The Last Frontier 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 is given to WW II, Alaska Territorial Guard, Korean War, Vietnam War and terminally ill veterans from all wars. In order for *The Last Frontier Honor Flight* to achieve this goal, escorts/guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at *The Last Frontier Honor Flight* for what you and your comrades have given to us. For further information, call (907) 892-6097 or please visit us at [www.lastfrontierhonorflight.com](http://www.lastfrontierhonorflight.com)

All applications are taken in the order in which they are received, according to age; with the exception of terminally ill. We will be contacting you by phone or mail when there is a seat available for you on our next flight.

YOUR NAME: \_\_\_\_\_  
(As it appears on your government issued ID, and for airline travel purposes)

NICK NAME \_\_\_\_\_ MALE \_\_\_ / FEMALE \_\_\_  
(If Applicable)

DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have an alternate address? (Snowbirds) If so, Please list below:

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: (S, M, L, XL, XXL, XXXL) ----

ALTERNATE CONTACT INFORMATION (child, sibling, etc):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (someone available the days you travel):

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

SERVICE HISTORY: BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ At

this time we are taking WWII, AK Territorial Guard, and Korean War and Vietnam Veterans on the Honor Flight trips. What years did you serve? (Approximate dates if you are uncertain)-----ACTIVITY DURING SERVICE: This information will be used for a booklet of participants on each trip.

Do you recall which unit, company, fleet, division etc. you served in? \_\_\_\_\_ -

Where did you serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the specific job or duty you were assigned to? \_\_\_\_\_  
\_\_\_\_\_

Further information you would like to offer? (Medals, Awards, Citations, etc.) Please attach a separate sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE: (example-jobs and/or hobbies, marriage, and children)

**Attach separate sheet as needed:** \_\_\_\_\_

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**MEDICAL:** THIS INFORMATION IS NECESSARY SO WE MAY PROVIDE YOU WITH THE APPROPRIATE MEDICAL SUPPORT DURING YOUR TRIP. THIS INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY. YOUR RESPONSES TO THESE QUESTIONS WILL NOT AFFECT YOUR ELIGIBILITY. WE MAY ASK FOR CLEARANCE FROM YOUR PHYSICIAN TO PARTICIPATE IN THE PROGRAM.

Do you use mobility equipment, even for brief periods of time? YES\_\_ NO\_\_

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

**MEDICATIONS YOU USE**

MEDICATION NAME & DOSAGE	HOW OFTEN IS IT TAKEN?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more room is needed for medications, please continue on back or on an additional sheet of paper)

Do you have any **drug allergies**? YES \_\_\_\_\_ (Please list) NO \_\_\_\_\_

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Do you have any **food allergies**? YES \_\_\_\_\_ (Please list) NO \_\_\_\_\_

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Do you have any **specific diet restrictions**? YES \_\_\_\_\_ (Please list) NO \_\_\_\_\_

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Do you have a history of **seizures**? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_ If within the past 5 years, we **STRONGLY** advise you discuss the trip with your private physician!

Do you have problems with **motion sickness** (car or air)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, is it controlled with medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please describe: \_\_\_\_\_

Do you use a **home nebulizer machine**? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? 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. Oxygen will be provided by the Honor Flight committee. **The prescription MUST be turned in with the application.**

Do you have a **problem walking** the length of a football field without assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.)

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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 problems occurred? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, did you have any problems? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, we **STRONGLY** advised you discuss the trip with your private physician. If you have **NOT** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise 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 flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

The Last Frontier Honor Flight realizes the veterans may need assistance for such things as wheelchairs, medications etc. You may bring your own family member escort (guardian) to assist you on the trip; however there is a \$1,000.00 fee for each guardian who travels. . This guardian **MUST** be capable of handling all luggage and able to push your wheelchair when needed. (Each veteran will be provided a wheelchair for use on the trip and wheelchair usage is required at certain stops)

Each veteran will travel with a guardian, whether it is a family member or a guardian that we assign. That way, there will be assistance available on the trip for each and every veteran. We want this to be a wonderful and meaningful experience for you.

Do you need a family member escort for mobility or medical reasons? YES\_\_ NO\_\_

If YES, please describe the reason: \_\_\_\_\_

Is there another Veteran you know of that may be participating in the Honor Flight Program that you would like to travel with? YES\_\_ NO\_\_ If yes, please list name(s)

Additional Comments and Concerns \_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **The Last Frontier 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 Last Frontier Honor Flight** program. I hereby release the photographer and **The Last Frontier Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **The Last Frontier Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **The Last Frontier 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 **The Last Frontier Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **The Last Frontier Honor Flight** activities and will not hold **The Last Frontier Honor Flight** responsible for any injuries incurred by me while participating in **The Last Frontier Honor Flight** program.

SIGNATURE OF VETERAN: \_\_\_\_\_

(E-mail applicants will be required to sign prior to actual trip date)

DATE: \_\_\_\_\_

**Please submit this form and your application to:**

**The Last Frontier Honor Flight**  
**Attn: Veteran Application**  
**P. O Box 520095**  
**Big Lake AK 99652**

**ANY QUESTIONS, CALL (866) 790-7994 or (907) 892-6097**

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