FOR HONOR FLIGHT DAYTON USE ONLY: LN _____ **DR** _____/_____/_____
MM DD YYYY

DAYTON, OHIO

VETERAN APPLICATION

Honor Flight Dayton pays tribute to American Veterans for their sacrifices and achievements by escorting them to Washington, DC to see THEIR memorials at no cost. **Presently we are accepting applications from any veteran that served on active duty during WWII (12/7/1941- 12/31/1946), Korean War (6/25/1950 - 1/31/1955), Vietnam War (2/28/1961 - 5/7/1975) and during the Cold War (between WWII and the Vietnam War).** Veterans are scheduled for the trips based upon their application submittal date. Priority is given to WWII Veterans and terminally ill Veterans from all wars, followed by Korean and Cold War Veterans. All flights depart from Dayton International Airport in Vandalia and ground trips depart from Fairborn. To enhance a safe and rewarding experience, Honor Flight Dayton provides guardians to travel with the veterans on every trip. Please consider this trip a small token of appreciation from all of us at Honor Flight Dayton for the service you and your comrades have given to your country. For further information, please contact us at **(937) 322-4448** or visit our website at www.honorflightdayton.org.

Your Name: _____
(As shown on your driver's license or photo ID) *(first)* *(middle)* *(last)*

Nick Name: _____ *(if applicable)*

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Day :(_____)_____ Evening:(_____)_____ Cell:(_____)_____

E-Mail Address: _____ Weight: _____ Age: _____ DOB:_____

Tee Shirt Size: *(based upon men's sizes)* ☐S ☐M ☐L ☐XL ☐XXL ☐ XXXL ☐ Other _____

ALTERNATE CONTACT *(son, daughter, etc.)* Name: _____

Phone:(____)_____ E-Mail: _____ Relationship: _____

EMERGENCY CONTACT *(someone available the day you travel with us)*

Name:_____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day :(_____)_____ Evening:(_____)_____ Cell:(_____)_____

SERVICE HISTORY: ☐ **World War II** ☐ **Korea** ☐ **Vietnam** ☐ **Other**_____

Branch of Service: _____ Dates Served: From: _____ To: _____

Where were you stationed (e.g., Germany, state side, etc) _____

Comments: _____

PLEASE COMPLETE BACK PAGE

MEDICAL: **Information provided will not disqualify you. It permits us to assess the support we need to provide during the trip. You will be requested to submit a current list of your medications upon selection for the flight. Information is for Honor Flight Dayton personnel only**

Do you use mobility equipment? ☐Yes ☐ No If Yes, ☐Cane ☐Walker ☐Wheelchair ☐Scooter

Please note: Honor Flight Dayton will provide wheelchairs for those who require walkers, wheelchairs or scooters.

Medication Taken	How Often	Medication Taken	How Often	Medication Taken	How Often
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have a Pacemaker? ☐Yes ☐ No Defibrillator? ☐Yes ☐ No Prosthetics? ☐Yes ☐ No

Are you diabetic? ☐Yes ☐ No If yes, do you take insulin? ☐Yes ☐ No Self-inject? ☐Yes ☐ No

Do you have any drug allergies? ☐Yes ☐ No Specify: _____

Do you have a history of seizures? ☐Yes ☐ No If yes, what type (i.e. grand mal, petit mal, other) _____
When was your last seizure? _____ *(If within the past five years, we STRONGLY suggest you discuss this trip with your physician.)*

Are you currently taking medication for dementia and/or Alzheimer's? ☐ Yes ☐ No

Do you get motion sickness? ☐Yes ☐ No If Yes, is it controlled with medication? ☐Yes ☐ No

Do you have breathing problems? ☐Yes ☐ No If Yes, describe: _____

Do you use oxygen at any time? ☐Yes ☐ No If yes, do you use it ☐ full time ☐ Night only ☐ As needed. What is the delivery rate? ___LPM. *Veterans will need an oxygen concentrator with a back-up battery for the day.*

Do you use a home nebulizer machine? ☐Yes ☐ No *If Yes, you are STRONGLY encouraged to discuss with your physician the use of a portable nebulizer during the trip*.

How many blocks can you walk before getting tired? ☐Three or more ☐Two ☐ One ☐ None

Can you climb 6 steps on a bus and walk down the aisle of a bus (or plane) without assistance? ☐Yes ☐ No

Do you have a urostomy or colostomy bag? ☐Yes ☐ No *If Yes, please make sure the bag is vented prior to flight.*

Additional Comments or 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 Honor Flight Dayton (HFD) 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 HFD program. I hereby release the photographer and HFD from all claims and liability relating to said photographs. I hereby give permission for my images captured during HFD activities through video, photo, or other media, to be used solely for the purposes of HFD 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 neither HFD nor the provider of aircraft or other transportation provides medical care. I hereby accept all risks associated with travel and other HFD activities and will not hold HFD, its board members, guardians, volunteers, the transportation provider or any person appearing or quoted in any advertisement or public service announcement for or on behalf of HFD responsible for any injuries incurred by me while participating in the HFD program.

SIGNATURE:_____ Date: _____/_____/_____
MM DD YYYY

Please submit this form to: Honor Flight Dayton, Inc.
Attn: Veteran Application
491 Holderman Place
New Lebanon, OH 45345

Or e-mail a PDF copy to: applications@honorflightdayton.org

Rev 03/16/2026