

LCHF USE ONLY: Last Name: _____	Date received: _____	Conflict _____
SIGNATURE OF Lake County Honor Flight OFFICIAL: _____		



VETERAN APPLICATION

LAKE COUNTY HONOR FLIGHT recognizes America’s war veterans for your service and sacrifice by flying you to Washington D.C. to see your memorial, at **no cost**. We are currently flying WWII, Korean War veterans, and Vietnam Era veterans. Our trips depart from General Mitchell International Airport.

All applications are taken in the order in which they are received with the exception of terminally ill veterans. When our next flight is confirmed we will contact you by mail and/or email. For further information, please contact us at **(847) 282-0374**.

YOUR NAME (As it appears on your ID for airline travel): _____

NICKNAME (If applicable): _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ COUNTY: _____

IF YOU HAVE AN EMAIL ADDRESS PLEASE LIST: _____

HOME PHONE: _____

CELL: _____

DATE OF BIRTH (Month/Day/Year): ____ / ____ / ____

WEIGHT: _____

SHIRT SIZE (circle one): S M L XL XXL XXXL

GENDER: Male Female

How did you hear about Lake County Honor Flight?

I am a: WWII Veteran Korea Veteran Vietnam Era Veteran Other: _____

Dates you served in the military (Month/Year to Month/Year): ____ / ____ to ____ / ____

Branch of service: Army Air Force Navy Marines Coast Guard
 Merchant Marines Other _____

Rank: _____

Home Town (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

Do you recall which unit, company, fleet, division etc. you served in? _____

What was the specific job or duty you were assigned to?: _____

Please list any 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: _____

Buddy & Guardian Information

If you and a fellow veteran from the same war 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 will do our best to pair you together on the same trip.

Buddy's Name: _____ **Buddy's Phone:** _____

To help ensure a safe and memorable experience, LAKE COUNTY HONOR FLIGHT assigns each veteran their own personal companion for the day. These trained "Guardians" will provide excellent care and are responsible for being by the veteran's side throughout the trip. If you believe there is a medical need that necessitates that a specific relative or friend (ages 18-65) be considered to act as your guardian, list that person's contact information below. Please also ask them to fill out a Guardian application found at lakecountyhonorflight.org which assures they will be considered, however selection is **NOT** guaranteed. **Spouses, domestic partners, or significant others are not eligible to serve as guardians.**

Requested guardian name: _____ Phone: _____

Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

The purpose of this form is to provide Lake County Honor Flight and/or emergency medical technicians information about the participants should an emergency arise. The following medical information is necessary for Lake County Honor Flight's volunteer, medical and administrative staff to ensure that you have a safe and memorable day. It permits us to assess the support we need during the trip. Your responses to these questions will **NOT** affect your eligibility.

Place of Residence: [] Private Home [] Assisted Living [] Private condo/apartment [] Nursing Home

Who do you live with? Name: _____ Relationship: _____

Do you have a personal care attendant? [] Yes [] No [] 24 hours [] Part time

Please list any allergies you have: _____

Known allergies to medications: _____

Do you carry an Epinephrine pen with you? [] Yes [] No

[If yes, please bring your epinephrine pen with you on the trip.]

MEDICATIONS (List or attach a separate sheet):

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check all that apply? Cane Walker Wheelchair Scooter None

If you are in a wheelchair, are you able to climb stairs with assistance? Yes No

Do you have a history of seizures or taking seizure medications? Yes No

If yes, please list type of seizure (i.e., grand mal, petit mal, other): _____

When was your last seizure? _____

Do you have problems with motion sickness (sea or air)? Yes No

If yes, is it controlled with medications? Yes No

Do you have a history of heart problems? Yes No If yes, please specify: _____

Are you prescribed oxygen by your doctor? Yes No If yes, how many liters? _____

[If yes, your private physician must write a prescription for oxygen to be used during the flight and during the tour.]

Do you smoke? Yes No

History of COPD or asthma? Yes No If yes, please describe: _____

Do you have a problem walking the length of a football field unassisted? Yes No

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

Do you have diabetes? Yes No

If yes, how do you control it? Insulin Pill Diet controlled

Does your medication require refrigeration? Yes No

Do you carry glucose with you? Yes No

Do you have a pacemaker? Yes No

Do you have a defibrillator? Yes No

EMERGENCY CONTACT INFORMATION

In case of an emergency, please list the name, address and phone number of the person(s) you would like Lake County Honor Flight to contact on your behalf.

Primary emergency contact (someone available the days you travel):

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Cell _____
Email: _____

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

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

I hereby authorize Lake County Honor Flight organization, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Lake County Honor Flight organization, an Illinois not for profit, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care. The undersigned acknowledges and agrees that the information on this application is correct.

VETERAN SIGNATURE REQUIRED: _____

PLEASE PRINT YOUR NAME: _____ **DATE FORM COMPLETED:** ____ / ____ / ____

If the veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____ Please print your name: _____
Relationship: _____ Phone Number: _____

**Please submit all 4 pages of this form with required signature(s) to:
Lake County Honor Flight
Attn: Veteran Application
P.O. Box 1187, North Chicago, IL 60064

or email application: info@lakecountyhonorflight.org
ANY QUESTIONS, CALL (847) 282-0374**