

Office use only: Last Name _____ Date Received: _____ Conflict: _____

Signature of VNC of NI board: _____



VETERAN APPLICATION

Veterans Network Committee of Northern Illinois Honor Flight recognizes American Veterans for your service, sacrifices, and achievements by flying you to Washington DC to see **YOUR** memorials at no cost. Top priority is given to WWII, Korean, and terminally ill Veterans from all wars. We have expanded to include Vietnam and Persian Gulf Veterans. For us to achieve this goal, each Veteran will have a guardian to accompany them; providing assistance and helping each Veteran have a safe, memorable, and rewarding experience.

Please consider this a small token of our appreciation from all of us at the Veterans Network Committee of Northern Illinois. For further information please contact us at 224-357-0585 or veteransnetworkcommitteeofni@gmail.com.

Name _____ (As it appears on your government issued ID) Nickname _____ (if applicable)

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____ Gender Male Female

How did you hear about our Honor Flight? _____

Alternate Contact (Spouse/Child/Friend) _____ Phone Number _____

Shirt Size (circle one) S M L XL XXL XXXL

I am a: WWII Veteran Korean Veteran Vietnam Era Veteran Persian Gulf Veteran Other: _____

Dates you served in the military (Month/Year to Month/Year) ___/___ to ___/___ Branch of service _____

Rank _____ Hometown (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) _____

Buddy and 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 can 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, Veterans Network Committee assigns each veteran their own personal companion for the trip. They will provide care and are responsible for being by the Veteran's side throughout the trip. Guardians may be the Veteran's relative or friend (ages 18-65), if you have a specific person, please list their information below and ask them to fill out a Guardian Application. **Spouses, domestic partners, or significant others are not eligible to serve as guardians.** If no guardian, please fill in blank with none.

Guardian Name _____ **Guardian Phone** _____

Additional comments or concerns _____

Veteran's Medical Information

The purpose of this form is to provide Veterans Network Committee of Northern Illinois and/or emergency medical technicians information should an emergency arise. The following is necessary for the Veterans Network Committee of Northern Illinois Honor Flight volunteers, medical, and administrative staff to ensure you have a safe and memorable trip. It permits us to assess the support we need during the trip. Your responses to these questions will **NOT** affect your eligibility.

Please list any allergies you may 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)*

Do you have a history of seizures or taking seizure medication? [] Yes [] No

If yes: Date of last seizure _____ **Type of seizures** (i.e., grand mal, petit mal, other) _____

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 problem? [] 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 on tour)

Do you use a nebulizer machine? [] Yes [] No

(If yes, it is strongly encouraged to discuss with your private physician concerning the use of a portable nebulizer during the trip)

Do you smoke? [] Yes [] No

History of COPD or asthma? [] Yes [] No **If yes, please describe** _____

Do you have diabetes? [] Yes [] No **If yes, how is it controlled** _____

Do you carry glucose with you? [] Yes [] No

Do you have a pacemaker? [] Yes [] No

Do you have a defibrillator? [] Yes [] No

Do you have a urostomy or colostomy bag? [] Yes [] No (If yes, please make sure the bag is vented prior to flight. Discuss this with your private physician)

Additional comments or concerns: _____

Medications

(Please list all medications including over the counter, list or attach another sheet of paper)

Medication	Taken how often?	Does it need to be refrigerated?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Will you require a handicap bathroom at the hotel? [] Yes [] No

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 any dietary restrictions or preferences? _____

Emergency Contact Information

Name of Primary Doctor _____ Phone Number _____

Insurance Provider _____ Insurance Number _____

Name: _____ Relationship _____

Address _____

City _____ State _____ Email _____

Home Phone _____ Cell Phone _____

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographs and video equipment are frequently used to memorialize and document the Veterans Network Committee of Northern Illinois 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 Veterans Network Committee of Northern Illinois Honor Flight program. I hereby give permission for my images captured during the Veterans Network Committee of Northern Illinois Honor Flight activities through video, photo or other media, to be used solely for the purpose of the Veterans Network Committee of Northern Illinois 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 Veterans Network Committee of Northern Illinois Honor Flight does **NOT** provide medical care. I understand and accept all risks associated with travel and other Veterans Network Committee of Northern Illinois Honor Flight activities, and will not hold the Veterans Network Committee of Northern Illinois Honor flight responsible for any injuries or illness incurred by me while participating in the Veterans Network Committee of Northern Illinois Honor Flight program.

Veteran Signature _____

Date _____

Printed Name _____

Please submit all 4 pages of this form with required signatures to:

Veterans Network Committee of Northern Illinois
Attn: Honor Flight
309 Circle Rd #1
Fox River Grove, IL 60021

Or email application to: veteransnetworkcommitteeofni@gmail.com

ANY QUESTIONS, CALL 224-357-0585

Optional information:

In order to help us receive local grant money to help us fund this and future trips, providing this income information will allow us to identify specific areas of the communities we are serving. This information will not be used to determine who we will or will not take on this trip, but will be used to help us qualify for funding opportunities from sponsoring organizations. This is not required but encouraged as it helps our organization serve as many Veterans as possible.

Yearly Gross Income Above \$65,501 []

Yearly Gross Income Below \$65,500 []