



Veteran Application

Old Dominion Honor Flight, Inc. (ODHF) recognizes local Veterans by taking WWII, Korean, Vietnam War Era Veterans who are able in SE Virginia and NE North Carolina on a charter bus day trip to Washington D.C. to visit the memorials built to honor their sacrifice and service. Space is limited so applications will be processed on a first come first served basis (World War II Veterans will get the highest priority). If you are unable to make the trip on the next scheduled date, you may request to be continued on the list for the next trip. You will be assigned a volunteer Guardian to help ensure a safe, memorable, and rewarding experience. Family members may be considered for Guardian duty if he/she is available and can fulfill the physical demands of being a Guardian (must also submit a Guardian application). Please submit your application as early as possible!

For additional information, please contact us via e-mail at info@olddominionhonorflight.org or by phone at 1-877-261-3430.

Contact Information:

Name (as it appears on your ID): _____ Nickname (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____ Age: _____ Weight: _____ Male: _____ Female: _____

E-mail Address: (Please **Print** Email Address Carefully) _____

How did you hear about Old Dominion Honor Flight? _____

Jacket Size: S _ M _ L _ XL _ XXL _ XXXL _

Departure Point: (where you want to start your trip) Hampton _____ Richmond _____

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

Service History

World War II Veteran	<input type="checkbox"/> (7 Dec 1941 – 31 Dec 1946)
Korean War Veteran	<input type="checkbox"/> (25 Jun 1950 – 31 Jan 1955)
Vietnam War Veteran	<input type="checkbox"/> (28 Feb 1961 – 7 May 1975)
Other ("Tweener")	<input type="checkbox"/> (1 Jan 47 – 24 Jun 50; 1 Feb 55 – 27 Feb 61)

Branch of Service: _____ Rank: _____ Dates of Service: _____

☐ I certify I am a Veteran of the United States Armed Forces and agree to refund the cost of my trip to Old Dominion Honor Flight if it is later determined I falsely claimed my status as such.

Brief description of service-related activities: _____

Emergency Contact (Someone available by phone the day you travel and not traveling with you on the trip)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

E-mail Address: _____

Family Contact - (Spouse, Son, Daughter, Niece, Nephew, etc.)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

E-mail Address: _____

Additional Family or Friend Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

E-mail Address: _____

Medical: Information provided ***WILL NOT*** disqualify you. It permits ODHF to assess the support we need to provide during the trip. Information is for ODHF and volunteer medical personnel only.

Drug Allergies: List any drug allergies you may have: _____

Medications: Name of prescription medication(s)

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Do you use mobility equipment? ☐ Yes ☐ No If Yes, check all that apply: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter

Are you able to climb the stairs of a bus with some assistance ("no" means you will require a wheelchair lift)? ☐ 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 **food allergies or diet restrictions**? Yes ____ No ____ If yes, describe: _____

Do you have a current or past **heart condition/issue**? ☐ Yes ☐ No If Yes, please describe: _____

Do you have **diabetes**? ☐ Yes ☐ No If Yes, how is it controlled (diet, oral medication, insulin): _____

Do you have a **history of seizures**? ☐ Yes ☐ No If yes, what was the date of your last seizure? _____

Please describe: _____ (i.e. grand mal, petit mal, other)

(Note - if your last seizure was within the last five years, we **STRONGLY** advise you discuss this trip with your personal physician)

Do you have problems with **motion sickness** (car or bus)? ☐ Yes ☐ No If yes, is it controlled with medication? ☐ Yes ☐ No

(Note - if motion sickness is not controlled with medication, we suggest you discuss this trip with your personal 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 personal physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? ☐ Yes ☐ No If yes, you must provide us a written copy of your prescription for oxygen and you must bring your own oxygen to be used during the trip. ODHF requires a copy of the prescription in case of emergency.

Do you have **vision problems** which require you to have personal assistance during the trip? Yes: ____ No: ____ If yes, please explain: _____

Do you have **hearing problems** which require you to have personal assistance during the trip? Yes: ____ No: ____ If yes, please explain: _____

Do you have a **urostomy or colostomy bag**? Yes: ____ No: ____

Is there a Veteran or Guardian that you would like to accompany you on this trip?

Name: _____ (Check one: - Veteran ____ or Guardian ____) Relationship: _____

Phone (Home): _____ Phone (Cell): _____

E-mail Address (if applicable): _____

Every effort will be made to comply with your request, but we cannot guarantee this will happen. The Guardian or Veteran that you named must submit the applicable application form. The form can be downloaded from our website

<https://www.olddominionhonorflight.org>.

Family members may be considered for Guardian duty if he/she is available and can fulfill the physical demands of being a Guardian (must also submit a Guardian application). Please submit your application as early as possible! The requested Guardian must be capable of performing the requirements for a guardian, submit a Guardian Application, agree to pay the \$100 Guardian fee to cover his/her expenses. The requested Guardian must also attend mandatory Guardian training.

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 ODHF missions and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of ODHF and the Honor Flight Network, Inc. I hereby release the photographer and ODHF from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during ODHF activities through video, photo, or other media, to be used solely for the purposes of ODHF promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for ODHF to promote the Honor Flight Network and its programs to other Veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction prior to mission execution.

2) I further state that medical insurance is my responsibility and I understand that ODHF does **not** provide medical insurance. I understand and accept all risks associated with travel and other ODHF activities and will not hold ODHF responsible for any injuries incurred by me while participating in this program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Old Dominion Honor Flight, Inc. In consideration of ODHF permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will not institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against ODHF and its officers, agents, volunteers, and/or employees for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in ODHF activities.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify ODHF for any and all damages, expenses and costs ODHF may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss, or destruction that may result while participating in ODHF activities, including such injuries, death, damage, loss, or destruction as may be caused by the negligence of ODHF.

I also understand and agree that I may be held liable for any damages or loss to ODHF which is caused by my gross negligence, willful misconduct, dishonesty, or fraud, and for limited damages or loss to ODHF which is caused by my simple negligence.

I further understand that the term Old Dominion Honor Flight, Inc. includes the national non-profit organization known as Honor Flight Network, Inc., and its officers, agents, and/or employees thereof.

Signature: _____ Date: _____

Please print, sign / date, and submit this form to:

**Old Dominion Honor Flight
Attn: Veteran Application
4001 Virginia Beach Blvd #117 Box #150
Virginia Beach, Virginia 23452**

or scan and e-mail to info@olddominionhonorflight.org