



Honor Flight Use Only: _____

Land of Lincoln Honor Flight VETERAN Application (R2023)

57 Country Place; Springfield, IL 62703

Land of Lincoln Honor Flight recognizes our World War II, Korean Era and Vietnam Era veterans for their service by providing a round trip to Washington, DC at no cost to the veteran.

For more information, contact us at 217-652-4719, email jmb4604@aol.com or www.LandofLincolnHonorFlight.org.

Top priority is given to WWII Veterans followed by the Korean War and then Vietnam War eras. Terminally ill veterans of any of these eras are given special consideration. Veterans are placed on the waiting list by receipt date of application. Veterans will be notified by phone 10-12 weeks in advance of their flight.

VETERAN INFORMATION					
<i>Please enter your FULL legal name. If no middle name or just an initial, enter "None" or "initial only." Applications must be filled out fully and legibly.</i>					
Full FIRST Name		Full MIDDLE Name		LAST NAME	
First Name for Name Tag			Male Female	Birth Date	
Mailing Address				Primary Phone	
City		State	Zip	Cell Phone	
Email Address				Other Phone	
SERVICE HISTORY					
<input type="checkbox"/>	World War II (enlisted by 12/31/1946)			Dates of service: 19____ to 19____	
<input type="checkbox"/>	Korean War Era (01/01/47 - 12/31/57)			Type of discharge: _____	
<input type="checkbox"/>	Vietnam War Era (01/01/58 - 05/07/75)			Highest rank: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	US Air Force	US Army	US Marines	US Navy	Coast Guard
Did you serve in a combat zone? <input type="checkbox"/> YES <input type="checkbox"/> NO					
You will be provided a t-shirt and cap for flight day					
T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL					
REQUIRED EMERGENCY CONTACT INFORMATION					
<i>Contacts may NOT be persons who are also going on the same flight.</i>					
Emergency Contact #1					
Name			Relationship		
Address			City/State/Zip		
Primary Phone		Cell Phone		Other Phone	
Emergency Contact #2					
Name			Relationship		
Address			City/State/Zip		
Primary Phone		Cell Phone		Other Phone	

~~ Please Complete Reverse Side ~~

~~ Please Complete Reverse Side ~~

GUARDIAN

Every Veteran is assigned a trained Guardian responsible for the Veteran's comfort, logistics, mobility and safety. You may request a specific Guardian but are under no obligation to do so; we will be happy to assign a qualified Guardian from our volunteer pool. Guardians must be able-bodied, between the ages of 18 and 70 years old, and a **non-spouse or significant other** of the Veteran (no exceptions!). All Guardians are required to complete a 90 minute telephone training course prior to the flight and complete pre-flight duties.

I request a specific Guardian YES NO

Guardian's Name	Guardian's Phone(s)
Guardian's Email	Relationship to Veteran

MEDICAL DATA

You must answer all questions so LLHF can assess needed support and safety during the trip.

YES NO

Do you use Mobility Equipment? If "yes" Cane only Walker Wheelchair / Scooter

If "yes" to above:

Are you able to climb 7 bus steps with a railing and assistance?

If you use a wheelchair/scooter the majority of the time, are you able to transfer from your wheelchair to a bus/plane seat on your own (with assistance)?

Will you need to use oxygen on Flight Day? *Instructions will be provided when you are booked on a flight.*

Are you diabetic? **LLHF does not provide personalized medical care.**

Do you have a defibrillator or heart pacemaker implanted?

Do you have a ___ urostomy or ___ colostomy or ___ ileostomy bag? *If "yes", you must be able to independently care for this condition. LLHF does not provide personalized medical care.*

Are you allergic to certain drugs, food, etc.? If "yes" please list: _____

Please list any condition not mentioned above which might limit your ability to travel safely on an airplane or bus or your overall ability to participate during the day.

REQUIRED RELEASES

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of a flight, the undersigned acknowledges and agrees that all information provided on this application is as accurate as possible.

1. I further agree that medical insurance is the responsibility of the Veteran and I understand that neither Honor Flight nor the transportation operators provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight transportation providers, staff, volunteers or passengers or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries, illnesses or health conditions incurred by me while participating in the Honor Flight program.

2. Photographic and video equipment may be used on Honor Flight events. I hereby release the photographer and Honor Flight from all claims and liabilities relating to said photographs. I hereby give permission for my images captured during Honor Flight activities to be used solely for the purposes of Honor Flight promotional material and publications and waive any rights, compensation or ownership thereto. I agree my name, dates of service phone number and town of residence may be released to legitimate media organizations and representatives.

3. Honor Flight has the exclusive authority to decide the order and who is allowed to take an Honor Flight trip. I understand due to circumstances of safety, security, capacity or other reasons, I may be refused or denied participation on a flight.

SIGNATURE: _____

DATE: _____

Mail this form to: **Land of Lincoln Honor Flight 57 Country Place Springfield IL 62703**



Honor Flight Use Only: _____

Land of Lincoln Honor Flight GUARDIAN Application
 57 Country Place; Springfield IL 62703

(R2023)

GUARDIAN REQUIREMENTS *All below requirements must be met (no exceptions!)*

- be between the ages of 18 and 70 years old
- not be a Spouse or Significant Other of any Veteran on the same flight
- be able to push a wheelchair up a small incline and long distances at Memorials and through airports
- complete the 90 minute guardian training telephone conference prior to the flight
You will be notified by email (or text if no email) of training dates
- be responsible for the comfort, mobility and safety of one or more Veterans on flight day
- conduct a face-to-face interview with your Veteran(s) by the assigned date in the Guardian packet
- complete all tasks on time and submit your guardian fee when required.
You will be notified of the flight date and the current amount and due date for the guardian fee at least 8 weeks in advance. Do NOT submit your guardian fee with this application.

GUARDIAN INFORMATION

*Please note: Enter your FULL legal name. If no middle name, enter "none" or "initial only."
 Application must be filled out fully and legibly. You must complete all sections.*

Full FIRST Name		Full MIDDLE Name		LAST Name	
First Name to use on Name Tag			Male	Birth Date	
			Female		
Address				Cell Phone #	
City		State	Zip		Other Phones #
Email Address (REQUIRED)				Text number	

GUARDIAN STATUS

- I am applying to be a **free-lance** guardian and be assigned as needed
- I am requesting to serve as a **guardian for a specific Veteran**

Distance I am willing to travel to meet a Veteran _____ (miles)

Requested Veteran's Name		Requested Veteran's Phone	
Requested Veteran's Additional Phone		Your relationship to the requested Veteran	

You will be provided a t-shirt and cap or visor on flight day. Sizes are uni-sex.

- Small Medium Large XL 2X 3X 4X Cap Visor

- Please complete reverse side

Please complete reverse side -

Your occupation *(Please also note if you have medical experience as doctor, nurse, paramedic, EMT, first responder and if you agree to provide basic first aid on flight day)*

REQUIRED EMERGENCY CONTACT INFORMATION

Emergency contacts may not be persons going on the same flight and must be available by phone on flight day

Emergency Contact #1 Name	Relationship
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Full Address

Primary Phone	Other Phones
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Emergency Contact #2 Name	Relationship
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Full Address

Primary Phone	Other Phones
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GENERAL AND MEDICAL INFORMATION You must be physically capable of loading and unloading wheelchairs into a bus baggage well, helping a Veteran in and out of a seat, pushing a wheelchair up an incline, serving two Veterans if required and working on a team with other guardians. In consideration of all others on the flight, do not submit this application if you are unable or unwilling to perform these tasks.

REQUIRED RELEASES

The undersigned acknowledges and agrees that all information provided on this application is accurate and:

1. I further agree that medical insurance is the responsibility of the guardian and I understand that neither Honor Flight nor the transportation operators provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight transportation providers, staff, volunteers, passengers, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries, illnesses or health conditions incurred by me while participating in the Honor Flight program.

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3. Honor Flight has the exclusive authority to decide the order and who is allowed to take an Honor Flight trip. I understand due to circumstances of safety, security, capacity or other reasons, I may be refused or denied participation on a flight.

SIGNATURE _____ **DATE:** _____

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