



# HONOR FLIGHT

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## CAPE FEAR AREA N★C

## Veteran Application April 30, 2022 Flight

**Honor Flight of the Cape Fear Area Inc.** recognizes America's war Veterans for their service and sacrifice by flying them all-expenses paid to Washington DC to see their memorials. This includes WW II Veterans, Korean War Veterans, Vietnam War Veterans, and Veterans of any conflict who may have a life limiting illness.

VETERANS: Before you sign up, here are some things you should know about Honor Flight of the Cape Fear Area. To be eligible for a flight you must:

1. Be Honorably Discharged from any of the 5 services: Air Force, Army, Coast Guard, Marines and Navy.
2. Provide copy of DD214 or other evidence of Honorable Discharge.
3. Service for any length of time prior to 1975, or served later if the Veteran has a life limiting illness.
4. Have no convictions for violence of any kind; no felony convictions; not a registered sex offender.
5. Provide copy of your driver's license or other government-issued photo ID.
6. It is a VERY long day, beginning with arriving at the Wilmington International Airport (ILM) by approximately 5:00 AM and returning that same evening around 9:00 PM. If you are coming from a long distance you may want to consider obtaining local hotel accommodations. We can provide a list of hotels near the airport.
7. It is a VERY busy day with multiple stops through Washington, DC and Arlington, VA. You'll need to be able to walk to your seat on the plane and go up and down the stairs of the bus multiple times throughout the day. Your Guardians and others are there to assist you, but you still need to be able to make those steps. Only you can judge that.
8. Veterans who use any type of mobility equipment (cane, walker, crutches or wheelchair) will be assigned a wheelchair and Guardian to maneuver them throughout the day, no exceptions.
9. Personal walkers, crutches, and wheelchairs must be kept in a secure room at ILM until we return that evening. They are not allowed on the aircraft. You can bring only your cane with you.
10. Any veteran needing oxygen will be provided with an oxygen concentrator for use throughout the day, completely free of charge. We require a prescription from your doctor not less than one month before the flight. The concentrator prescription must specify the rate of flow and what type of delivery system you need, whether it is by mask or cannula. Most O2 users use a cannula.
11. Neither spouses, nor significant others, are allowed to accompany their veteran. Other family members will be considered on a case-by-case basis.
12. There will be a Veterans' Briefing and Meet and Greet event with your Guardian, a few weeks before the flight. At that session you will be issued all your gear for flight day, so it is important that you make every effort to attend. Advance notice of date, time and location will be provided.
13. The Honor Flight of the Cape Fear Area Board of Directors reserves the right to deny any application at the Board's discretion.

**If these conditions are acceptable to you, we look forward to receiving your application for Honor Flight.**



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### Veteran Application

### April 30, 2022 Flight

Please *print* clearly (Name **MUST** be exactly as it is on your license/photo ID for airport security reasons.)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

NICKNAME (if any, for your name tag): \_\_\_\_\_ Please indicate your T-shirt size: S, M, L, XL, XXL, XXXL

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE(S): WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT?

\_\_\_\_\_

\_\_\_\_\_

FAMILY/EMERGENCY CONTACT (someone who will NOT be on the flight and available on flight day):

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE(S): WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YOUR SERVICE BRANCH: \_\_\_\_\_

CONFLICT(S) DURING WHICH YOU SERVED: WWII: \_\_\_ KOREA: \_\_\_ VIETNAM: \_\_\_ (check all that apply)

Month/Year FROM: \_\_\_\_\_ Month/Year TO: \_\_\_\_\_

HIGHEST RANK ACHIEVED: \_\_\_\_\_

Anything about your service you'd like to share with us? (specialty[ies], places you served, unit(s), significant awards/medals, etc.):

\_\_\_\_\_

\_\_\_\_\_

ALL OUR VETERANS ARE ASSIGNED A GUARDIAN TO ACCOMPANY THEM THE ENTIRE TRIP. IF YOU WOULD LIKE HAVE A SPECIFIC GUARDIAN, PLEASE IDENTIFY:

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

(Please note that this person must complete a Guardian application and submit the required contribution. ONLY persons approved by HFCFA may serve as Guardians. Spouses/significant others are not eligible. Guardian must be over 18.)

#### HFCFA VETERANS MEDICAL INFORMATION FORM

You will NOT be disqualified from the flight due to any of the information you supply on this form. We need it to assess the kind of support you may need on the trip. Information you provide is for use solely by HFCFA and its medical personnel. HFCFA will have at least one medical doctor, nurse, and a qualified EMT traveling with the group. If you have any concerns about taking this trip, we recommend that you discuss them with your private physician.

We need to know the following so we can choose a Guardian for you who is able and willing to assist you all day:

DO YOU THINK YOU CAN WALK WITHOUT ASSISTANCE? Yes: \_\_\_ No: \_\_\_  
IF NO, HOW FAR DO YOU THINK YOU CAN WALK WITH MINIMAL ASSISTANCE: \_\_\_\_\_ yards.

DO YOU USE MOBILITY EQUIPMENT? YES: \_\_\_ NO:\_\_\_ IF YES, CANE:\_\_\_ WALKER:\_\_\_ WHEELCHAIR:\_\_\_ SCOOTER CHAIR:\_\_\_ (check those which apply). Please note that your private walkers, wheelchairs or scooter chairs will not come with you on the flight, only personal canes are permitted. They will be stored at the Wilmington International Airport in a secured area. We will have wheelchairs available on the entire trip. Your private equipment will be made available to you upon your return.

DO YOU USE OXYGEN: YES: \_\_\_ NO:\_\_\_ Please note that oxygen bottles are not allowed on the aircraft. We will provide a portable oxygen concentrator for your use throughout the day at no cost to you, but you must let us know and provide a formal written prescription from your physician. It must specify the required rate of flow and the method of delivery (mask or nasal cannula). We need the prescription at least one month in advance of the flight.

DO YOU HAVE ANY DRUG ALLERGIES? YES:\_\_\_ NO:\_\_\_  
IF YES, please describe so our medical team will know:

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

Heart Attack: Yes \_\_\_ No \_\_\_ If Yes, when? \_\_\_\_\_

By-Pass Surgery: Yes \_\_\_ No \_\_\_ If Yes, when? \_\_\_\_\_

Pacemaker: Yes \_\_\_ No \_\_\_ If Yes, when installed? \_\_\_\_\_

Stroke: Yes \_\_\_ No \_\_\_ If Yes, when? \_\_\_\_\_

Diabetes: Yes \_\_\_ No \_\_\_ If Yes, do you take medication for it? Yes \_\_\_ No \_\_\_ Type?: \_\_\_\_\_

Asthma: Yes \_\_\_ No \_\_\_ If Yes, do you use an inhaler: Yes \_\_\_ No \_\_\_

Eye Problems: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Ear Problems: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Knee Surgery: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Back Surgery: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Cancer Surgery: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

CPAP: Yes \_\_\_ No \_\_\_

Bladder Problems: Yes \_\_\_ No \_\_\_ If Yes, do you use a catheter? Yes \_\_\_ No \_\_\_

Are you incontinent: Yes \_\_\_ No \_\_\_ If Yes, do you wear Depends? Yes \_\_\_ No \_\_\_

Colostomy bag? Yes \_\_\_ No \_\_\_

Other Allergies: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Motion sickness: Yes \_\_\_ No \_\_\_ If Yes, do you take a medication for it? Yes \_\_\_ No \_\_\_ Type?: \_\_\_\_\_

Seizures: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_ If they are controlled with medication, what type:

Do you have open wounds requiring care: Yes: \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Sinus problems: Yes \_\_\_ No \_\_\_ If Yes, please explain: \_\_\_\_\_

Any serious health problems not noted above:

\_\_\_\_\_  
\_\_\_\_\_

Prescription medications you take:

\_\_\_\_\_  
\_\_\_\_\_

You should bring any and all required medicines with you. You should bring enough for two days in the event for some reason we get held over due to bad weather or other cause.

PLEASE REVIEW THE FOLLOWING CAREFULLY AND **SIGN AND DATE** WHERE INDICATED:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to document **Honor Flight** trips and events, I am aware that my image or voice may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the **Honor Flight** program. I hereby release the photographer, **Honor Flight**, and **Honor Flight of the Cape Fear Area, Inc.** from all claims and liability relating to said photographs, videos, and sounds. I hereby give permission for my images and voice captured during **Honor Flight** activities through video, photo, or other media, and any photos or video I may post to social media, to be used solely for the purposes of **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 Volunteer and I understand that neither **Honor Flight** nor the provider of private aircraft ("Flight Provider") nor Wilmington International Airport provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight**, the Flight Provider, **Honor Flight of the Cape Fear Area, Inc.**, Wilmington International Airport, Veterans, Guardians, other volunteers, **Honor Flight** Support Members, or any person appearing or quoted in any advertisement or public service announcement or on behalf of **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.
3. I have not been convicted of any crime involving violence or a felony and that I am not a registered sex offender.
4. Honor Flight of the Cape Fear Area Board of Directors reserve the right to deny any application at the Board's discretion.
5. This document shall be construed under and in accordance with the laws of the State of North Carolina.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed form together with a copy of your DD 214 (or other proof of honorable discharge) and a copy of your photo ID to:**

**Honor Flight of the Cape Fear Area**  
310 North Front Street  
Box #292  
Wilmington, North Carolina 28401  
Attn: Veterans Application

Or you may email your application with your ID and DD 214 to [Info@HonorFlightCFA.org](mailto:Info@HonorFlightCFA.org)

**Questions?** Contact Chrissy Sanford, Volunteer Coordinator at 910.344.1050 or [info@HonorFlightCFA.org](mailto:info@HonorFlightCFA.org)

NOTE: If your phone number(s), address, or email address changes between now and the training day date, please let us know as soon as possible. Likewise, if for any reason you cannot go on the trip, please notify us as others may be waiting for a slot. Thank you.