

Patriot Flight, Inc. - Veteran Application

The official hub of the national Honor Flight Network for NY's State Capital District counties of Albany, Columbia, Greene, Saratoga, Schenectady, Rensselaer and Warren

PLEASE FILL IN ALL HIGHLIGHTED AREAS TODAYS DATE: _____

NAME: _____ **Birth date** _____

NOTE: Please provide your NAME AS IT APPEARS on your ID for AIRLINE TRAVEL (License, Passport, etc.)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: day: _____ **cell phone:** _____

E-mail ADDRESS PRINTED _____

Polo shirt size: (S M L XL XXL XXXL)

Will family or a friend accompany you on the flight as "Guardian"? YES NO
Your Guardian must also complete a Guardian Application.

PRIOTITY SEATING – Terminally ill veterans from any era receive the highest Priority

PLEASE ENTER YOUR SERVICE DATES BELOW – Whether in peace or combat, home or abroad.

1. WWII 7DEC1941- 31DEC1946	2. KOREAN WAR 25JUN1950 – 31JAN1955	3. VIETNAM WAR 28FEB1961 – 7MAY1975	4. PEACETIME COLD WAR 8MAY1975 – 1AUG1990	5. OPERATION DESERT SHIELD 2AUG1990 – 16JAN1991	6. OPERATION DESERT STORM 17JAN1991 – 31JUL1991

BRANCH	ARMY	NAVY	MARINES	AIR FORCE	COAST GUARD	MERCHANT MARINES
RANK						

PLEASE PROVIDE COPY OF DD-214

Served Primarily _____

Share your activity during your service: (e.g. Ships names, Plane types, Battles, Medals), and include any human-interest stories, hobbies, memorable people or events, livelihood, etc.

Capital District Patriot Flight Veteran Application, page two.

YOU MUST LIST A CONTACT PERSON

(Preferably a relative or friend that we can contact in case of an emergency. This person is not the Guardian flying with you on flight day.)

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ cell: _____ email: _____

We would like some information about you to serve you better. It is for Patriot Flight use only.

Do you use mobility equipment? **Yes No** Circle device used: **cane walker wheelchair scooter.**

Can you walk ¼ of a mile without a wheelchair **Yes No** There is much walking at the Memorials.

Are you Wheelchair bound? Yes No. If yes, we can provide a bus with a lift to assist you.

Can you, with assistance, walk on and off the bus to a wheelchair? Yes No

We will have extra wheel chairs with us in case you may need one later in the day. It would help us if you let us know that you might need one prior to the trip.

Bring your own personal medications list, and needed medications, the day of the flight. Be sure your guardian knows where you keep your med's as well as your emergency contact information.

If you have any health issues, we STRONGLY advise you discuss the trip with your physician.

Problems with motion sickness (sea or air)? Yes No If yes, is it controlled with meds? **Yes No**

If motion sickness is not controlled with medications, we STRONGLY advise you to discuss the flight with your physician

Do you use oxygen **Yes No**. If yes, we may contact you so we better understand your needs so we can make special arrangements for the flight.

How did you hear about Patriot Flight? _____

Any additional information or comments you may wish to provide? _____

PLEASE REVIEW CAREFULLY AND SIGN:

I, the undersigned, acknowledge and agree that:

1. Photographs, videos and print media, are frequently used to memorialize and document Patriot Flight trips and events. My image may appear in a public forum, such as the digital or print media, or on a website, to acknowledge, promote or advance the work of the Patriot Flight program. I hereby release the photographer and writers of Patriot Flight articles from all claims and liability relating to any photographs or printed material. I give permission for my images and stories, captured during Patriot Flight activities through video, photo or print media, to be used for promotional purposes. I waive any rights to compensation or ownership thereto.

2. I understand and accept all risks associated with travel and other Patriot Flight activities on the day of the flight, and / or any other Patriot Flight events. I understand that Patriot Flight does not provide medical care. However, there will be medical personnel present to render and assist in more “first aid” type of situations. If the Veteran has a serious health issue, Patriot Flight will require a doctor’s written permission for participation in a Patriot Flight event. I will not hold Patriot Flight responsible for injuries or health conditions that I may incur while participating in the Patriot Flight program. I further acknowledge that medical insurance is the responsibility of the Veteran.

3. Selection and Priority. Patriot Flight honors all those who have served. The selection process gives priority to Veterans of WW II, the Korean War, the Vietnam War and then the Cold War, Desert Shield, and Desert Storm in that order. DD214 is required for validation and Mission Book information. Patriot Flight has the sole responsibility for selecting Veterans to be on a flight.

NAME PRINTED

SIGNED

DATE: / /

PLEASE NOTE: We require a signed form to be on file before making the trip. A final confirmation will be sent to you (email preferred, response required) 4-5 weeks prior to the flight.

EMAIL COMPLETED FORM TO : PatriotFlight.Applications@gmail.com

Scan the application and attach to an e-mail to an address above

For US mail via US Postal Service, please submit this form to:

**Patriot Flight, Inc.
PO Box 13776
Albany, NY 12212-3776**

For answers questions or for more information email Sean - lyonssean@ymail.com

For more information about Patriot Flight see our WEB page at www.patriotflight.org or on Facebook at Capital District Patriot Flight