

FOR HONOR FLIGHT USE ONLY L N: \_\_\_\_\_ D R: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# Veteran Application

Stars and Stripes Honor Flight, Inc. recognizes American veterans for their sacrifices and achievements by flying them to Washington, DC to see their memorials at **no cost**. We are currently accepting applications from WWII, Korean, and Vietnam veterans, as well as terminally ill veterans from all other conflicts. In order for Stars and Stripes Honor Flight, Inc. to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. All Stars and Stripes Honor Flights depart and return from General Mitchell International Airport in Milwaukee. **Veterans must bring a current form of government issued photo I.D. on flight day.** For further information, please contact us at (262) 238-7740 or visit us at [www.starsandstripeshonorflight.org](http://www.starsandstripeshonorflight.org).

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
*(Please List Your First, Middle & Last Name as it appears on your I.D.)* *(If Applicable)*

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GENDER (circle one):** M F **SHIRT SIZE (circle one):** S, M, L, XL, XXL, XXXL

**PRIMARY EMERGENCY CONTACT INFORMATION** *(someone available the day you travel):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**NON-SPOUSE ALTERNATE EMERGENCY CONTACT** *(son, daughter, etc):*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SERVICE HISTORY:** Branch of Service *(circle one):* Army, Air Force, Navy, Marines, Coast Guard

**RANK:** \_\_\_\_\_ **WAR CONFLICT** *(circle one):* WWII (12/7/41 - 12/31/46) Korea (6/27/50 - 1/31/55)  
Vietnam (2/28/61 - 5/7/75) Other: \_\_\_\_\_

**DATES YOU SERVED ON ACTIVE DUTY:** \_\_\_\_\_

**ACTIVITIES DURING MILITARY SERVICE:** \_\_\_\_\_

**MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT NEEDED DURING THE TRIP.**

Do you use a wheelchair on a regular basis? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you use oxygen at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

**Guardian Preference:** \_\_\_\_\_

NOTE: In order to serve as a guardian, applicants must be between 18-64 years of age and one generation removed from their veteran. Applicants between 65-69 years of age may be considered with a medical review from one of our doctors. In addition, spouses and significant others may not serve as guardians. Guardians should be intellectually, physically and emotionally capable of caring for their veteran. We reserve the right to refuse any guardian application.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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# GUARDIAN APPLICATION

*Honor Flight* would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a **safe** and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. **Guardians must be between the ages of 18 and 64 and be one generation removed from the veteran. Applicants between 65-69 years of age may be considered with a medical review from one of our doctors. In addition, spouses and significant others may not serve as guardians. Guardians should be intellectually, physically and emotionally capable of caring for their veteran. We reserve the right to refuse any guardian application. Guardians are responsible for a \$500 "guardian fee."** For further information, please contact us at (262) 238-7740 or [www.starsandstripeshonorflight.org](http://www.starsandstripeshonorflight.org). Thank You for your support.

NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
FIRST MIDDLE LAST (IF APPLICABLE)

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

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

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. Please list one (1) emergency contact:

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

2. What is the name of the veteran you will be traveling with?

(Please note that a completed veteran application also must be submitted.)

\_\_\_\_\_

3. Are you able to push a veteran in a wheelchair up a slight incline? \_\_\_\_ Yes \_\_\_\_ No.

4. Gender (circle one): M F Weight: \_\_\_\_\_ Shirt Size: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

SIGNATURE OF APPLICANT \*: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

M D Y

Please submit this form to: **Honor Flight, Inc.**

**ATTN: Veteran Application**

**P.O. Box 526**

**Port Washington WI 53074-0526**

**Or fax to: 262 546-5656**

**Or scan and email to: [sshfwi@gmail.com](mailto:sshfwi@gmail.com)**