**Complete your Veteran Application ONLINE** at https://dsnp.co/MX8IR9

# Mail completed application to:



Signature:

## Honor Flight Syracuse, Inc.

ATTN: Veteran Application, PO Box 591, Syracuse NY 13209-0591 E-Mail: <u>Treasurer@HonorFlightSyracuse.org</u> Web Site: <u>www.honorflightsyracuse.org</u>

### **Veteran Application** {PLEASE FILE AN APPLICATION ONLY ONCE - IT STAYS ON FILE UNTIL YOUR TURN COMES}

| Name: (As it appears on your ID  |  | Salutation               |           | First    |  |            |            | Middle                       | Last        |          |           |       | Suffix    |          | Nickname |  |
|--|--|--------------------------|-----------|----------|--|------------|------------|------------------------------|-------------|----------|-----------|-------|-----------|----------|----------|--|
| for airline travel)  Gender:   |  | Male Fema                |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
|  |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| Address:   |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| City:  |  |                          |           |          |  |            |            | State:                       |             | ZIP:     |           |       |           |          |          |  |
| E-Mail:  | E-Mail:  We acknowledge receipt of applications ONLY by e-mail. If you don't have e-mail, please provide a close family member's e-mail address. |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| We ackno   | wledge   | e rece                   | eipt of a | applica  | tions OI   | NLY by e-r | mail. If y | ou don't have e-             | mail, pleas | e provid | e a close | famil | y member' | s e-mail | address. |  |
| Day Pho  | ne:  |                          |           |          |  |            |            | Alternative/                 | Cell Phor   | ie:      |           |       |           |          |          |  |
| Date of Birth: (mm/dd/yyyy) Weight (in pounds)   |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| Medical History:  Would you need assistance walking 2 blocks? YES NO Can you walk up 7 bus steps with assistance? YES NO  Do you use mobility equipment? (Check any that apply) Cane Walker Wheelchair Scooter None  Please describe when you use the Equipment: |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
|  |  |                          |           | tile L   |  |            |            |                              |             |          |           |       |           |          |          |  |
| Do you use o   | kygen a  | at any                   | time?     |          | Ye   | es         | No         | How often do                 | you use ox  | ygen an  | d flow ra | ite?  |           |          |          |  |
| Other Health   | Conce  | rns:                     |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| General Infor  |  | _                        |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| How did you hear about<br>Honor Flight?  |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| Tee Shirt Siz  |  |                          |           | S        |  | M          | l          |                              |             | XL       |           |       | XXL       |          | XXXL     |  |
| ALTERNATE CONT   |  | СТ                       | Name:     |          |  |            |            |                              |             | F        | Relations | hip:  |           |          |          |  |
|  |  | .) [                     | Phone:    |          |  |            | E-M        | ail:                         |             |          |           |       |           |          |          |  |
| Service History:   |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| Branch of<br>Service   | Branch of<br>Service   |                          |           |          | Rank   |            |            | Home Town (<br>where you ent |             |          |           |       |           |          |          |  |
| Service/   | (C   | heck a                   | all       |          |  |            |            | 1, 1946 or earlie            |             | ,        |           |       |           |          |          |  |
| Conflict   | , co   | conflicts<br>that apply) |           |          | Korean War era: January 1, 1947 to January 31, 1955  Vietnam War era (including Cold War): February 1, 1955 to May 7, 1975 |            |            |                              |             |          |           |       |           |          |          |  |
| Timeframe  | tha  |                          |           |          | Other: (PLEASE SPECIFY)  |            |            |                              |             |          |           |       |           |          |          |  |
| Your Militar<br>Service Histo  |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |
| Would you like   | to trav  | el wit                   | h a spec  | ific Gua | rdian?   |            |            |                              |             |          |           |       |           |          |          |  |
| I would like n   | ny   | Nar                      | me:       |          |  |            |            |                              | Relationsh  |          |           | hip:  |           |          |          |  |
| Guardian to be   | e:   | Phone:                   |           |          |  |            |            | Mail:                        |             |          |           |       |           |          |          |  |
| PLEASE RE  | VIEW   | THE                      | STAT      | EMEN     | IT ON  | THE REV    | ERSE C     | AREFULLY AN                  | D SIGN H    | ERE:     |           |       |           |          |          |  |
|  |  |                          |           |          |  |            |            |                              |             |          |           |       |           |          |          |  |

Date (mm/dd/yyyy):



#### Honor Flight Syracuse, Inc.

PO Box 591 Syracuse NY 13209-0591



**Complete your Veteran** 

**Application ONLINE at** 

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Honor Flight Syracuse, Inc., one of well over 100 Hubs of the nation-wide Honor Flight Network, recognizes you, an American Military Veteran, for your sacrifices and achievements by flying you to Washington, DC to visit YOUR memorial. There is no cost to you. Honor Flight Syracuse focuses on and gives top priority to WW II, Korean War, Vietnam War and terminally ill veterans from any era, but also may consider Veterans of any service period. For what you and your comrades have given to us, please view participating in an Honor Flight Mission a small token of our continuing respect and appreciation.

Each Veteran designates a Guardian to provide assistance and help ensure a safe, memorable and rewarding experience. You may invite a family member or friend, possibly son, daughter or grandchild, or have an Honor Flight Volunteer serve in this role. Guardians should be between the ages of 18 and 65 to help ensure they have the physical capability and stamina to carry out their Mission responsibilities.

#### **ABOUT AN HONOR FLIGHT**

Honor Flight Syracuse conducts two Honor Fight Missions each year, usually on a Saturday in late April and early October. Our charter aircraft departs Syracuse Hancock International Airport at 6:30 am and arrives at Reagan National Airport around 8:00 am. After a rousing greeting at the airport, Mission participants board charter tour buses for the visit to the Memorials. Travel is eased all day thanks to a US Park Police escort.

During the day's tour in Washington, DC, you will likely visit:

- The World War II Memorial
- The Korean War Memorial
- The Vietnam Memorial
- The Lincoln Memorial
- The Air Force Memorial and/or Marine Corps Memorial
- Arlington National Cemetery for a Changing of the Guard

Then it's back to Reagan airport for the flight home to Syracuse Hancock Airport and the incredible Welcome Home ceremony completing your very special day and Honor Flight Syracuse Mission.

Visit Honor Flight Syracuse website, <a href="www.HonorFlightSyracuse.org">www.HonorFlightSyracuse.org</a>, for past Honor Flight Syracuse Mission videos and link to thousands of photographs. For more information you may also contact <a href="mailto:rjs@HonorFlightSyracuse.org">rjs@HonorFlightSyracuse.org</a> or call (855) 433-5633. Thank you for your service to our nation!

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VETERAN APPLYING FOR AN HONOR FLIGHT - PLEASE READ AND THEN SIGN AT THE BOTTOM OF THE REVERSE SIDE:

I acknowledge and agree that:

- 1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, I understand images of Veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of **Honor Flight**.
- 2. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight** activities through video, photo or other media to be used solely for the purposes of **Honor Flight** promotions and publications, and waive any rights of compensations or ownership thereto.
- 3. I further acknowledge that medical insurance is the responsibility of the Veteran and I understand that neither **Honor Flight** nor the provider of aircraft ("Flight Provider") 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, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight** responsible for any injuries I may incur while participating in the Honor Flight program.