



HONOR FLIGHT APPLICATION

If you have previously submitted a Veteran application, please **do not resubmit** - all applications remain in our system until you have flown on your mission.

FLIGHT OPTIONS

There are now four ways to experience an Honor Flight:

- **Flight to DC:** Join 81 of your fellow Veterans on a one-day flight to Washington, DC to visit the memorials dedicated to your service and sacrifice.

For Veterans too ill to make the 14-hour trip to DC, or who prefer not to fly, we now offer an alternative program, Honor Everywhere. You can choose:

- **Honor Everywhere at Welcome Home:** To be part of a group celebration at the Mission Welcome Home
- **Honor Everywhere at my Home:** Honor Flight volunteers come to you for an impressive ceremony.
- **Group Honor Everywhere at Health Care Facility:** Honor Flight volunteers come to a health care facility for a ceremony.

HONOR FLIGHT CHOICE

- Flight to DC Honor Everywhere at Welcome Home
 Honor Everywhere at my Home Group Honor Everywhere at Health Care Facility

APPLICANT INFORMATION

Title	First Name	Middle Name	Last Name	Nickname (if used)	
Date of Birth / /	Email	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender (as it matches photo ID for the mission) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Street Address		City	State	Zip Code	County
Daytime Phone	Evening Phone	Mobile Phone	Are there other veterans you want to fly with? <input type="checkbox"/> Yes <input type="checkbox"/> No Names:		

SERVICE HISTORY

Branch of Service (check all that apply)	Rank	Date Entered Service (MM/YYYY)	Date Left Service (MM/YYYY)
<input type="checkbox"/> ARMY			
<input type="checkbox"/> NAVY			
<input type="checkbox"/> AIR FORCE			
<input type="checkbox"/> MARINES			
<input type="checkbox"/> COAST GUARD			
<input type="checkbox"/> OTHER			
Activity during your service period including duty assignments and achievements: (please provide as much detail as possible)			



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MEDICAL INFORMATION

Medical information provided will **not** disqualify you! It permits us to assess the support we need during the trip. Info is for Honor Flight Syracuse and medical personnel only.

Weight	Height	Do you use mobility equipment? <input type="checkbox"/> cane <input type="checkbox"/> scooter <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> wheelchair (wide)	Can you walk up and down a set of eight bus steps with assistance? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a problem walking the length of a football field without assistance? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have any breathing problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you use oxygen at any time? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe:	Are you visually impaired? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you deaf or hard of hearing? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you claustrophobic? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you been diagnosed with memory problems? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you diabetic? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how is it controlled? (Insulin, pills, other)
Do you have a history of seizures? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when was your last seizure?	Have you been diagnosed with heart failure? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you wear or have a heart pacemaker implanted? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a history or aneurysms? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had a stroke? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have any electronic implants? <input type="checkbox"/> yes <input type="checkbox"/> no Examples: dorsal column stimulator, sleep apnea implant	Have you been diagnosed with cancer? <input type="checkbox"/> yes <input type="checkbox"/> no What type: Are you in remission or currently undergoing treatment?	Have you been diagnosed with kidney disease? <input type="checkbox"/> yes <input type="checkbox"/> no Please state stage and if you are currently receiving dialysis.
Do you have problems with PTSD? <input type="checkbox"/> yes <input type="checkbox"/> no Please describe your triggers so we know how to help you on Mission Day.		Do you have any drug allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Medications:	Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?
Do you have any food allergies? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you require a special meal? <input type="checkbox"/> yes <input type="checkbox"/> no	Which special meal do you need? <input type="checkbox"/> none <input type="checkbox"/> dairy free <input type="checkbox"/> gluten free <input type="checkbox"/> vegan <input type="checkbox"/> vegetarian	



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EMERGENCY CONTACT

Your emergency contact should NOT be the same as your Guardian.

First Name		Last Name		Relationship	
Street Address		City		State	Zip Code
Daytime Phone	Evening Phone	Mobile Phone		Email	

REQUESTED GUARDIAN

All Veterans MUST be accompanied by a Guardian. We invite Veterans applying to participate on an Honor Flight to select the person they would like to accompany them as their Guardian. The Guardian selected may be changed at any time prior to the mission screening process.

The prospective Guardian will be screened prior to their assigned mission to ensure they are physically able to meet their Veteran's needs and safety. Honor Flight Syracuse will be happy to assign a Volunteer as your Guardian if you need one.

Guardian Qualifications:

- Must be 18 years old or older
- Must be able to push a Veteran in a wheelchair for approximately 3 miles, over uneven surfaces, and up short inclines.

First Name		Last Name		Relationship	
Street Address		City		State	Zip Code
Daytime Phone	Evening Phone	Mobile Phone		Email	

ADDITIONAL INFORMATION

TSA Compliant ID? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have a TSA-compliant photo ID? Example: Real-ID, Enhanced ID, passport, new Veterans Health Identification Card	T-Shirt Size? <input type="checkbox"/> Small <input type="checkbox"/> 2XL <input type="checkbox"/> Medium <input type="checkbox"/> 3XL <input type="checkbox"/> Large <input type="checkbox"/> 4XL <input type="checkbox"/> X-Large Shirts are usually worn over other clothing during mission.	Application Completed By: <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> HFS
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CONSENT

HONOR FLIGHT PARTICIPATION RELEASE OF LIABILITY AGREEMENT

By participating in an Honor Flight trip or event, I agree to the following terms:

- **Use of Images and Media:** I understand that Honor Flight uses photographs, videos, and other media to document and celebrate its events. My image or likeness may appear in public forums, such as websites, social media, Mission scrapbooks, or publicity materials, to support Honor Flight's mission. I grant Honor Flight permission to use my image or video captured during Honor Flight activities for promotional, educational, or informational purposes without compensation or ownership rights. I release Honor Flight, its photographers, and affiliates from any claims or liability related to the use of such media.
- **Assumption of Risk and Liability Release:** I acknowledge that participation in Honor Flight trips and events involve inherent risks, including but not limited to those associated with travel, physical activity, and public gatherings. I accept full responsibility for these risks and agree that Honor Flight, its affiliates, volunteers, leaders, sponsors, flight providers, and any other associated parties are not liable for any injuries, losses, or expenses I may incur during participation. On behalf of myself, my heirs, executors, administrators, and assigns, I release and hold harmless Honor Flight and all related parties from any claims, demands, or causes of action, whatsoever, arising from my participation.
- **Medical Responsibility:** I understand that, while Honor Flight strives to ensure a safe mission for every Veteran through its volunteer staff, it does not provide medical care or insurance. I am responsible for arranging and maintaining my own medical insurance and ensuring my health and physical condition are suitable for participation with my own provider. I release Honor Flight, its affiliates, and volunteers from any liability for any medical events or outcomes that may arise during Honor Flight activities.

By agreeing to these terms through participation with Honor Flight, I confirm my understanding and commitment to supporting Honor Flight's ongoing mission to celebrate and honor our Veterans.

I further acknowledge that Homeland Security/TSA requires a REAL ID to fly as of May 7, 2025. The requirement is satisfied by a REAL (white star in a black circle) New York State drivers license or ENHANCED (US Flag) New York drivers license. Alternate forms of ID like a US passport, or a VA photo ID are also acceptable.

Go to <https://www.tsa.gov/travel/security-screening/identification> to see all acceptable forms of ID.

Mail your Veteran Application to:

Veteran Application
Honor Flight Syracuse
PO Box 591
Syracuse, NY 13209-0591