

VETERANS: Before you sign up, here are some things you should know about Coastal Georgia Honor Flight.



An Official Hub of the
Honor Flight Network®

To be eligible for Coastal Georgia Honor Flight you must:

1. Be Honorably Discharged from any of the 5 services.
2. Provide copy of DD214 or other evidence of Honorable Discharge.
3. Service for any length of time during one or more of the following conflicts:
WWII: 12-7-41 to 12-31-46
Korean War: 6-25-50 to 1-31-55
Vietnam War: 2-28-61 to 5-7-75
You do not have to have served in combat or even in theater, just during the official dates of those conflicts.
4. Provide a copy of your drivers' license with a "star" in the upper right hand corner on face side.
5. Have no convictions for violence of any kind; no felony convictions; not a registered sex offender.
6. Provide copy of your driver's license or other government-issued photo ID.
7. It is a VERY long day, beginning with arriving at the Brunswick-Golden Isles Airport (BQK) by 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.
8. It is a VERY busy day that includes 8 stops through Washington, DC and Arlington, VA. That means off the bus and back on the bus (up and down stairs) 8 times. Also, you will need to be able to walk to your seat on the plane and go up and down the stairs of the buses in which we travel, 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.
9. All veterans who use any type of mobility equipment, whether it is a cane, walker, crutches or a wheelchair, will be assigned a wheelchair and a guardian to maneuver them throughout the day, no exceptions.
10. Personal walkers, crutches, and wheelchairs must be kept in a secure room at BQK until we return that evening. They are not allowed on the aircraft. You can bring only your cane with you.
11. 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 prescription for the concentrator 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.
12. Neither spouses nor significant others are allowed to accompany their veteran. Other family members will be considered on a case by case basis.
13. There will be a combined Veterans' Briefing and Meet and Greet luncheon with your guardians, two to three 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 as to date, time and location will be provided.
14. Coastal Georgia Honor Flight, Inc Board of Directors reserve the right to deny any application at the Board's discretion.

If you are OK with all of the above, we look forward to receiving your application for Honor Flight 2020.

Coastal Georgia Honor Flight, Inc
P.O. Box 20466
St. Simons Island, GA 31522
www.coastalgeorgiahonorflight.org

VETERAN APPLICATION



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Please note that if you have already gone on an *Honor Flight* as a Veteran, you cannot go again as a Veteran.

It is a once in a lifetime opportunity.

Honor Flight works on a first come, first served basis. Priority is given to WWII veterans first, due to their age, then Korean, and now Vietnam veterans in that order, as funds are raised and space is available. Terminally ill veterans of any era will get top priority. If we fill and then get WWII or Korean War applications, the most recently received Vietnam veterans applications will be wait-listed to make room for them.

Please also note that spouses or significant others are NOT allowed to accompany their veteran.

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

LAST NAME: _____ FIRST: _____ MIDDLE: _____

NICK NAME (if applicable, for your name tag): _____ Please circle your T-shirt size: S, M, L, XL, XXL, XXXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE(S): WORK: _____ HOME: _____ MOBILE: _____

MUST HAVE

EMAIL ADDRESS: _____ (your own, or someone's willing to relay information to you.)

WEIGHT: _____ AGE: _____ D.O.B.: _____ HOW DID YOU HEAR ABOUT HONOR FLIGHT: _____

FAMILY/EMERGENCY CONTACT (someone who will not be on the trip and will be available the day you travel):

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONES: WORK: _____ HOME: _____ MOBILE: _____

MUST HAVE

EMAIL ADDRESS: _____ (his or her own, or someone's who will relay info to them- not you.)

YOUR SERVICE HISTORY: BRANCH : _____ FROM: _____ TO: _____
Month/Year Month/Year

HIGHEST RANK ACHIEVED: _____

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

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 TO HAVE A *SPECIFIC* GUARDIAN, PLEASE IDENTIFY:

NAME: _____ RELATIONSHIP TO YOU: _____

(please note that this person *must* complete a separate Guardian's application and submit the required contribution. ONLY persons approved by us may be guardians).

MEDICAL INFORMATION:

1) 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 **Honor Flight** and its medical personnel. **Honor Flight** 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 chose 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 canes. They will be stored at the Brunswick/Golden Isles 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 meds? Yes ___ No ___ If yes, 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, is there an on-going problem/treatment? _____

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 ___

Allergies: Yes ___ No ___ If yes, please explain: _____

Motion sickness: Yes ___ No ___ If yes, do you take a medication for it? Type: _____

Seizures: Yes ___ No ___ If yes, please explain: _____

If they are controlled with medication, what type: _____

Do you have any open wounds that require 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 case 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 memorialize and document *Honor Flight* trips and events, I am aware that my image may appear in a public forum, such as the newspapers other media or a website, to acknowledge, promote, or advance the work of the *Honor Flight* program. I hereby release the photographer, *Honor Flight*, and *Coastal Georgia Honor Flight, Inc.* 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* promotional material and publications, and waive any rights or compensation or ownership thereto. Any photographs or videos I post on social media or other public forum also can be used by *Honor Flight* for its promotional needs.

2. I further state that medical insurance is my responsibility and I understand that neither *Honor Flight* nor the provider of the aircraft ("Flight Provider") or buses 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, *Coastal Georgia Honor Flight, Inc.*, guardians, other veterans, 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 or illness 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.

Signed: _____ Print Name: _____ Date: _____

PLEASE MAIL THIS COMPLETED FORM TOGETHER WITH A COPY OF YOUR DD 214 OR OTHER PROOF OF HONORABLE DISCHARGE AND A COPY OF YOUR PHOTO ID TO:

Coastal Georgia Honor Flight, Inc.

Attn: Veteran's Application

P.O. Box 20466

St. Simons Island, GA 31522

Questions?

Call Eddie VanDerbeck, President at 912.230.4671

Email: info@coastalgeorgiahonorflight.org

PLEASE!—If your phone number(s), address, or email address changes between now and the Veterans Briefing date, please let us know as soon as possible. Likewise, if for any reason you can't go on the trip please notify us as others may be waiting for a slot. Thank you.