

Veteran Application

Old Dominion Honor Flight, Inc. (ODHF) recognizes local Veterans by taking all who are able in SE Virginia and NE North Carolina on a charter bus day trip to Washington D.C. to visit the memorials built to honor their sacrifice and service. Space is limited so applications will be processed on a first come first served basis (World War II Veterans will get the highest priority). If you are unable to make the trip on the next scheduled date, you may request to be continued on the list for the next trip. You will be assigned a volunteer Guardian to help ensure a safe, memorable and rewarding experience. Family members (not a spouse) may be considered for Guardian duty if he/she is available and can fulfill the physical demands of being a Guardian (must also submit a Guardian application). Please submit your application as early as possible!

For additional information, please contact us via e-mail at olddominionhf@gmail.com or by phone at 1-877-261-3430.

Contact Information:

Name (as it appears on your ID):			Nicknar	_ Nickname (if applicable):		
Address:						
City:		State:		_ Zip:		
Phone (Home): _		_Phone (Cell):	Age:	Weight:	Male 🔄 Female 🗌	
E-mail Address:		(Please Print Email Address Carefully	 /)	_		
How did you hea	r about Old Dominion Ho	onor Flight?				
Jacket Size: S	_ M L XL XXL	XXXL	_			
Departure Point:	(where you want to start y	our trip) Virginia Beach 🗌 R	ichmond	Williamsburg	;	
Home Town (Fro	m which city and state di	d you enter the service?):				
<u>Service History</u>	World War II Veteran Korean War Veteran Vietnam War Veteran Other ("Tweener") $(7 \text{ Dec } 1941 - 31 \text{ Dec } 1946)$ 					
Branch of Service	::	Rank: Dates of Ser	vice:			
	a Veteran of the United S nined I falsely claimed m	tates Armed Forces and agree to re y status as such.	fund the cost	of my trip to Old	l Dominion Honor Flight	
Brief description	of service related activition	es:				
I certify I am a lif it is later deterr	e: a Veteran of the United S nined I falsely claimed m	Rank: Dates of Ser tates Armed Forces and agree to re y status as such.	vice:	of my trip to Old	l Dominion Honor Fligh	

Emergency Contact (Someone available by phone the day you travel and not traveling with you on the trip)

Name:	I	Relationship:
Address:		
City: Si	tate:	Zip:
Phone (Home):	Phone (Cell):	
E-mail Address:		
Family Contact - (Spouse, Son, Daughter, Niece, Nephew,	etc.)	
Name:	I	Relationship:
Address:		
City: Si	tate:	Zip:
Phone (Home):	Phone (Cell):	
E-mail Address:		
Additional Family or Friend Contact		
Name:	I	Relationship:
Address:		
City: St	tate:	Zip:
Phone (Home):	Phone (Cell):	
E-mail Address:		
<u>Medical</u>: Information provided <i>WILL NOT</i> disqualify you. It p trip. Information is for ODHF and volunteer medical personne		support we need to provide during the
Drug Allergies: List any drug allergies you may have:		
Medications: Name of prescription medication(s)		
1)	5)	
2)	6)	
3)	7)	
4)	8)	
Do you use mobility equipment? Yes No If Yes, che	ck all that apply: 🗌 Cane	Walker Wheelchair Scooter
Are you able to climb the stairs of a bus with some assistance	("no" means you will requ	ire a wheelchair lift)? 🗌 Yes 🗌 No
Do you have a problem walking the length of a football field	unassisted? 🗌 Yes 🗌	No
If yes, please describe the reason (i.e. lung problems, arthritis,	heart problems, etc.):	

Do you have a current or past heart condition/issue ? Yes No If Yes, please describe:
Do you have diabetes ? Yes No If Yes, how is it controlled (diet, oral medication, insulin):
Do you have a history of seizures ? Yes No If yes, what was the date of your last seizure?
Please describe: (i.e. grand mal, petit mal, other)
(Note - if your last seizure was within the last five years, we STRONGLY advise you discuss this trip with your personal physician)
Do you have problems with motion sickness (car or bus)? Yes No If yes, is it controlled with medication? Yes No
(Note - if motion sickness is not controlled with medication, we suggest you discuss this trip with your personal physician)
Do you have any breathing problems? Yes No If Yes, please describe:
Do you use a home nebulizer machine ? Yes No If yes, you are <u>STRONGLY</u> encouraged to discuss the trip with your personal physician concerning the use of portable hand-held nebulizers during the trip.
Do you use oxygen at any time? Yes No If yes, you must provide us a written copy of your prescription for oxygen and you must bring your own oxygen to be used during the trip. ODHF requires a copy of the prescription in case of emergency.
Do you have vision problems which require you to have personal assistance during the trip? Yes No
If yes, please explain:
Do you have hearing problems which require you to have personal assistance during the trip?
If yes, please explain:
Do you have a urostomy or colostomy bag ? Yes No
Have you received the one dose Johnson&Johnson COVID-19 vaccination or both doses of the Pfizer or Moderna COVID-19 vaccination? Yes No If yes, please provide date(s) of vaccination(s): (1) (2)
(Note – you will be asked to provide proof of vaccination)
Is there a veteran or Guardian that you would like to accompany you on this trip?
Name: (Check One - Veteran 🗌 or Guardian 🗍) Relationship:
Phone (Home): Phone (Cell):
E-mail Address (if applicable):
Every effort will be made to comply with your request but we cannot guarantee this will happen. The Guardian or Veteran that you named must submit the applicable application form. The form can be downloaded at our website ODHF website.
The spouses of a veteran CANNOT serve as their Guardian, but other family members may be considered.
The requested Guardian must be capable of performing the requirements for a guardian, submit a Guardian Application, agree to pay the \$125 Guardian fee to cover his/her expenses. The requested Guardian must also attend mandatory Guardian training.
Additional Comments or Concerns:

Please Review Carefully and Sign:

The undersigned acknowledges and agrees that:

1) As photographic and video equipment are frequently used to memorialize and document ODHF missions and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of ODHF and the Honor Flight Network, Inc. I hereby release the photographer and ODHF from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during ODHF activities through video, photo, or other media, to be used solely for the purposes of ODHF promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for ODHF to promote the Honor Flight Network and its programs to other Veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction prior to mission execution.

2) I further state that medical insurance is my responsibility and I understand that ODHF does **not** provide medical insurance. I understand and accept all risks associated with travel and other ODHF activities and will not hold ODHF responsible for any injuries incurred by me while participating in this program.

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, ______, am about to voluntarily participate as a passenger in various activities, including being transported by bus to Washington, DC by Old Dominion Honor Flight, Inc. In consideration of ODHF permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will not institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit against ODHF and its officers, agents, volunteers, and/or employees for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in ODHF activities.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify ODHF for any and all damages, expenses and costs ODHF may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss, or destruction that may result while participating in ODHF activities, including such injuries, death, damage, loss, or destruction as may be caused by the negligence of ODHF.

I also understand and agree that I may be held liable for any damages or loss to ODHF which is caused by my gross negligence, willful misconduct, dishonesty, or fraud, and for limited damages or loss to ODHF which is caused by my simple negligence.

I further understand that the term Old Dominion Honor Flight, Inc. includes the national non-profit organization known as Honor Flight Network, Inc., and its officers, agents, and/or employees thereof.

Signature: ______

_____ Date: _____

Please print, sign / date, and submit this form to:

Old Dominion Honor Flight Attn: Veteran Application 401 Virginia Beach Blvd #117 Box 150 Virginia Beach, Virginia 23452

or scan and e-mail to **olddominionhf@gmail.com**

or fax it to (757) 257-0356