



Veteran Application

Roswell Rotary Honor Air recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see **YOUR** memorial at **no cost**. **Top** priority (for which we are currently accepting applications) is given to WWII and terminally ill veterans from **all** wars. We are currently accepting Korean and Vietnam veterans for this trip as well. In order for **Roswell Rotary Honor Air** to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at **Roswell Rotary Honor Air**. You can also visit us at www.roswellrotary.club/honor-air

YOUR NAME: _____ **NICKNAME:** _____
(As it appears on your ID for airline travel) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ WEIGHT: _____ DOB: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ T- SHIRT SIZE: (S, M, L, XL, XXL, XXXL): _____

HOW DID YOU HEAR ABOUT ROSWELL ROTARY HONOR AIR FLIGHT? _____

ARE YOU A MEMBER OF A ROTARY CLUB? _____

HAVE YOU VISITED THE D.C. MEMORIALS PREVIOUSLY _____

HAVE YOU EVER BEEN ON AN HONOR AIR FLIGHT? _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____ YEAR DISCHARGED: _____

HOME TOWN (from which city and state did you enter the service?): _____

WHICH WAR?: _____ ACTIVITY DURING THE WAR: _____

WOULD YOU BE WILLING TO FURNISH A PICTURE OF YOURSELF DURING THE SERVICE (will be returned)? _____

ALTERNATE CONTACT: (son, daughter, etc): NAME: _____

PHONE NOS.: _____ E-MAIL: _____ RELATIONSHIP: _____

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

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Mobile: _____ Other: _____

MEDICAL: INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use **mobility equipment**? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? YES NO. If YES, please list: _____

Are you a cardiac patient? YES _____ NO _____ Do you carry nitroglycerin? YES _____ NO _____

Do you have a history of **seizure**? YES NO. Please describe what type (i.e. grand mal, petitmal, other): _____
When was your last seizure? _____ If within past 5 years. STRONGLY advised you discuss trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO.
If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private 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 STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

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.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, knee or hip problems, etc.): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO. If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician!

Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician!

Do you have **diabetes**? YES NO. If YES, do you take insulin? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of insulin during the trip!

Do you have any **special dietary needs**? YES NO. If YES, PLEASE describe: _____ 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 **Roswell Rotary Honor Air** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **Roswell Rotary Honor Air** program. I hereby release the photographer and **Roswell Rotary Honor Air** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Roswell Rotary Honor Air** activities through video, photo, or other media, to be used solely for the purposes of **Roswell Rotary Honor Air** promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that **Roswell Rotary Honor Air** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Roswell Rotary Honor Air** activities and will not hold **Roswell Rotary Honor Air** responsible for any injuries incurred by me while participating in the **Roswell Rotary Honor Air** program.

SIGNED: _____ DATE: _____
(E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:
Roswell Rotary Honor Air
ATTN: Veteran Application
PO Box 783
Roswell, GA 30076

Or e-mail to: Alicia@roswellrotary.com

Phone: 678-283-7098

Or fax to: 770-475-8116 ****FAXING IS PREFERRED****