



VETERAN APPLICATION

FOR ROCKY MOUNTAIN HONOR FLIGHT USE ONLY

NAME:

RCVD:

Rocky Mountain Honor Flight recognizes the service and sacrifice of our American veterans by offering a FREE, ALL EXPENSES PAID trip to Washington DC to visit the memorials and monuments dedicated to the armed services. We are currently accepting applications from veterans from WWII, Korean War, and/or terminally ill veterans from all wars. In the future, RMHF will expand to include veterans from the Vietnam war. Rocky Mountain Honor Flight provides trained Guardians who escort the veterans, offering assistance for a safe, memorable and rewarding journey. Spouses cannot travel with the veteran unless they are also veterans or are between the ages of 18-70 years old. Family Guardians are limited to one person per veteran. Please be advised that at this time, the waiting list is up to 9 months. Please complete all parts of this application, all information is kept confidential.

Name (as it appears on your photo ID for TSA security)

First:	Middle:	Last:
Nickname:	Date of Birth:	Age:
Address:	City/State	
Zip:	Home phone:	Cell:
Email:	Shirt Size:	

Service History:

Branch:	Rank:	Year entered service:
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Where did you serve?:

When were you Discharged:

Please circle the form and type of discharge you received from the military, if applicable, that is if you were in the military and were discharged, either:

Administrative: 1. Honorable 2. General (under honorable conditions) 3. Other than Honorable 4. Entry Level Separation
OR

Punitive: 1. Bad Conduct Discharge 2. Dismissal (Officers Only) 3. Dishonorable

Emergency contact information:

Name:	Relationship:	
Address:	Phone:	
City:	State:	ZIP Code:
Home phone:	Cell:	
Email:		

How did you hear about Rocky Mountain Honor Flight:

Is there another veteran you would like to travel with:

Need ride:	Yes:	No:
Hotel:	Yes:	No:

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, am about to voluntarily participate in various activities with these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the organizations, 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 the activities of the Honor Flight Network TM Inc, or Rocky Mountain Honor Flight.

If I, my heirs, administrators, executors or assigns should demand claim, sue or aid in any way such demand, claim or suit, I agree for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight Network TM Inc. and Rocky Mountain Honor Flight organization for all damages, expenses, and costs it may incur as a result thereof.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight organization which is caused by my gross negligence, willful misconduct, dishonesty, or fraud and for limited damages or less to the Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight organization which is caused by my simple negligence.

I further understand that the term Honor Flight Network TM Inc. and Rocky Mountain Honor Flight organization includes the non-profit organization known as Honor Flight and/or Rocky Mountain Honor Flight, and officer, agent, volunteer and/or employee thereof.

Signature:	Date:
Signature for RMHF:	Date:

I authorize Honor Flight Network TM Inc. and/or Rocky Mountain Honor Flight to release my contact information (home phone and address) to others requesting individuals who participate in the same flight for purposes of communication and camaraderie with other participants.

Signature:	Date:
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PLEASE REVIEW CAREFULLY AND SIGN

- 1. As photographic and recording equipment are frequently used to memorialize and document Rocky Mountain Honor Flight (RMHF) trips and events, his/her image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the RMHF program. I hereby release the photographer and RMHF from all claims and liability to said photographs. I hereby give my permission for my images captured during RMHF activities through video, photo or other media, to be used solely for the purposes of RMHF 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 or Guardian and I understand that RMHF does NOT provide medical care. I understand and accept all risks associated with travel and other RMHF activities and will not hold RMHF responsible for any injuries incurred by me while participating in the RMHF program.**

Signature:	Date:
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Printed Name:

<i>Signature of RMHF Official:</i>

If you would like a family member to be your Guardian, application forms can be downloaded from our website or contact Joe Winslow 303-517-6569, joewinslow@rockymountainhonorflight.org.

Guardians will be required to pay \$950.00. The \$950 Guardian donation covers all expenses. Should a Guardian need to cancel, the \$950 donation may be partially refunded if a replacement cannot be found within a reasonable time period.

We fly from Denver International Airport (DIA). If you are from outside the Denver area, a hotel room can be arranged for you. Veterans are responsible for the costs of a hotel room at DIA.

We rely on family and friends to participate in transporting the veteran to and from our events; if you find that you still need a ride please let us know.

Name:		Team <i>(to be filled in by RMHF)</i>	
Medical Information: Information provided will not disqualify you for one of our trips. The information will allow us to assess the support needed during the trip. Medical personnel from RMHF will contact you to discuss your medical needs. All information is confidential. Medical personnel always accompany veterans on the flights.			
Name:		Age:	DOB:
Home Phone:		Cell:	Email:
Emergency Contact:			
Name:		Relationship:	Phone:
RMHF will provide folding canes, walkers, and wheelchairs. We cannot take scooters. Do you use mobility equipment? Please Check One: Cane Walker Wheelchair Scooter Circle your ability to walk a half mile: A. Easily, can walk more B. Can but slowly C. Would need some assistance D. Do you have any problems going up and down stairs? E. Any issues with balance			
Have you fallen in the past 3 months?			
Yes:		No:	
In the past 6 months?			
Yes:		No:	
Do you have any physical limitations for the trip that you know about?			
Do you have any concerns about traveling?			
Height (ft & inches):		Weight (lbs):	
Veteran Medical Information			
1.Heart Attack		Yes:	No:
If yes, when*		*	
2.By-pass surgery		Yes:	No:
If yes, when*		*	
3.Pacemaker		Yes:	No:
If yes, when*		*	
4.Stroke		Yes:	No:

If yes, when*		*	
5. Diabetes	Yes:		No:
If yes, do you take	Meds		Insulin
6. Asthma/COPD/Resp problems	Yes:		No:
Do you use an inhaler	Yes:		No:
7. Eye Problem	Yes:		No:
If yes what kind:			
8. Cancer	Yes:		No:
If yes:	Where		When
9. Knee Surgery	Yes:		No:
If yes:		When:	
10. Back Problems:	Yes:		No:
11. Back Surgery:	Yes:		No:
If yes:		When:	
12. Knee or hip replacement?			
13. Artificial limb/s?			
14. CPAP	Yes:		No:
15. Do you use O2	Yes:		No:
If yes:		How Often:	
(If you use O2 you must have a current prescription)			
16. Bladder Problems?	Yes:		No:
Do you use a catheter?	Yes:		No:
17. Are you incontinent?	Yes:		No:
Do you wear depends?	Yes:		No:
18. Any bowel issues?	Yes:		No:
19. Motion Sickness:	Yes:		No:
20. Do you have a history of seizures?		Last Seizure:	
21. Do you have a history of open head injuries, sinus problems or ear problems?			
Yes:		No:	
22. Any health problems not listed above?			
23. Need any assistance with getting dressed or help with your medications			
24. Special dietary needs?			
Allergies:			
Prescription Medications			
Name of medication	What for?	Name of medication	What for?
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
*****DO NOT WRITE BELOW THIS LINE***** - For Rocky Mountain Honor Flight Only			

MEDICAL EVALUATION:		
DATE OF EVALUATION:		
ANY MEDICAL ISSUES NOT ADDRESSED OR THAT HAVE HAPPENED SINCE APPLICATION WAS COMPLETED:		
ANY CHANGES IN MEDICATIONS:		
COMMENTS OR CONCERNS:		
Guardian Room Mate?		
ADA room/shower ?		
Wheel chair lift?		
02-LITERS PER MIN:		CURRENT PRESCRIPTION?
HOTEL ROOM:	YES:	NO:
RIDE TO DIA:	YES:	NO:

Please mail the completed Veteran Application Form forms to:

**James Murphy
Rocky Mountain Honor Flight
Veteran Application
14881 W Warren Ave
Lakewood, CO 80228
303-847-8794**

Email Address: jamesmurphy@rockymountainhonorflight.org

For further information, please call or email:

**James Murphy (Veteran Applications and questions):
jamesmurphy@rockymountainhonorflight.org
303-847-8794**

Please mail Guardian and/or Family Guardian Application forms to:

**Joe Winslow
15956 Columbine St
Thornton, CO 80602
303-517-6569**

Email Address: joewinslow@rockymountainhonorflight.org

**Information is also available on our website:
www.rockymountainhonorflight.org**