



HONOR FLIGHT KENTUCKY Guardian Application

<i>Enter your First, Middle, and Last name as they appear on the photo ID you will use at the airport.</i>		
First Name	Middle Name	Last Name

<i>Enter the address where you receive mail</i>		
Address	City	
County	State	Zip Code

Daytime phone	Cell phone
email	T Shirt Size
Date Of Birth (mm/dd/yyyy)	Age
Occupation:	

<i>someone that will be available the day you travel</i>	
Emergency Contact Name	Relationship
Daytime phone	Cell phone

Are you a Veteran			
<i>What Branch of Service and when did you serve</i>		<i>What dates were you in military service</i>	
Branch of Service	Rank	From:	to:

<i>Do you want to be a Guardian for a specific Veteran ?</i>
<i>Guardian Training is mandatory to assume the responsibilities as a qualified Guardian on a mission</i>

How did you hear about Honor Flight ?



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Do you use a wheelchair		Do you use a cane		Do you use a walker	
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Circle YES or NO Give details if needed		
Can you walk up & down a set of eight bus steps <i>without</i> assistance ?	YES	NO
Can you walk the length of a football field <i>without</i> assistance ?	YES	NO
Do you have a history of seizures ?	YES	NO
Do you have problems with motion sickness ?	YES	NO
Do you have a history of sinus or ear problems ?	YES	NO
Do you have any breathing problems	YES	NO
Do you use bottled oxygen at any time ?	YES	NO
Do you use a home Nebulizer machine ?	YES	NO
Do you have a heart pacemaker implanted ?	YES	NO
Are you hard of hearing ?	YES	NO
Have you been diagnosed with Dementia or Alzheimer's disease ?	YES	NO
Are you Diabetic - if so how is it controlled	YES	NO
Do you have Urostomy, Foley, or a Colostomy bag ?	YES	NO
Are you legally blind ?	Are you color blind ?	

What Medications are you taking (<i>name, dosage, and how often do you take it</i>) :
Are you allergic to any drugs or foods ? <i>Describe in detail</i>

Mail completed application to:
Honor Flight Kentucky, P.O. Box 1, Winchester KY 40391