



2016 University of Kentucky Honor Flight Application

1. Please select an application type:

Guardian Application

Volunteer Application

Veterans Application

2. What best describes you?

Staff

Faculty

Alumni

Student

Friend of the University

UK Donor

Other _____

3. How did you hear about the University of Kentucky Honor Flight?

University of Kentucky Alumni Association

Veterans Resource Center

Honor Flight KY

Veteran Affairs

A Colleague

A friend of family member

Other _____

Contact and Personal Information

(Everyone must fill this section out)

4. Enter your First, Middle and Last name as they appear on the photo ID you will use at the airport

First Name _____

Middle Name _____

Last Name _____

5. Date of Birth (MM/DD/YYYY)

6. Gender

Male

Female

7. Age

8. Enter the address where you receive mail

Address _____

City _____

County _____

State _____

Zip Code _____

9. Email

10. Home Phone (xxx-xxx-xxxx)

11. Mobile Phone (xxx-xxx-xxxx)

12. Emergency Contact (someone who will be available day of travel)

First Name _____

Last Name _____

Contact Phone Number _____

Relationship _____

13. Alternate Contact Name (someone ELSE who will be available the day of travel)

First Name _____

Last Name _____

Contact Phone Number _____

Relationship _____

14. T-shirt Size

Extra Small

Small

Medium

Large

X Large

XX Large

XXX Large

Veteran Application

(VETERANS must fill this section out)

1. Branch of Service

United States Army

United States Marine Corps

United States Navy

United States Air Force

United State Coast Guard

2. Did you serve in WWII (1941-1954)?

Yes

No

3. Did you serve in Korean (1950-1955)?

Yes

No

4. Did you serve in Vietnam (1961-1975)?

Yes

No

5. Please enter your rank.

6. Please enter your activity during your military service.

7. Is there someone you want to go with you as your Guardian?

8. Do you use a cane, a walker or a wheelchair? (specify)

9. Can you walk up and down a set of eight bus steps with assistance?

Yes

No

10. Can you walk the length of a football field with assistance?

Yes

No

11. Do you have a history of seizures (please explain)?

12. Do you have problems with motion sickness (please explain)?

13. Do you have a history of motion sickness (please explain)?

14. Do you have a history of sinus or ear problems (please explain)?

15. Do you have breathing problems (please explain)?

16. Do you use oxygen at any time (please explain)?

17. Do you use a nebulizer machine?

Yes

No

18. Are you legally blind?

Yes

No

19. Are you deaf or hard of hearing?

Yes

No

20. Do you have a colostomy bag?

Yes

No

21. Have you been diagnosed with diabetes?

Yes

Maybe

No

21. If so, how is your controlled?

22. Do you wear or have a pacemaker implanted?

Yes

No

23. Have you been diagnosed with dementia or Alzheimer's disease?

Yes

No

24. What medications are you taking? (Name, dosage, and how often)

25. Are you allergic to any drugs or foods? Please describe in detail

Volunteer Application

(VOLUNTEERS must fill this section out)

1. What's your occupation?

2.) Why are you volunteering for honor flight?

3.) List your previous volunteer experience.

Guardian Application

(GUARDIANS must fill this section out)

IMPORTANT – PLEASE READ:

Guardians are essential to the success of the Honor Flight Network Program. Without these volunteers, we would not be able to carry out the dreams of so many veterans, enabling them to see the memorials built in their honor. Duties include, but not limited to, assisting the veterans at the airport, during the flight and at the memorials and post flight. Please note that Guardian Training is mandatory to assume the responsibilities as a qualified Guardian before participating on a mission.

By submitting your application, you are agreeing to the following statement. As a Guardian, I agree to donate the sum of \$500.00 as determined by the Honor Flight Kentucky Chapter Board of Directors to offset my costs (airfare, meals, insurance, charter bus, police escort, t-shirt and ancillary items) involved with my participation in

an Honor Flight Mission. As a 501 (c)(3) Charity as determined by the IRS, your donation is tax deductible to the extent of the law and shall be acknowledged by the honor Flight Kentucky Chapter.

1. What's your occupation?

2. Are you a veteran?

Yes

No

3. If a veteran, please list your branch of service, dates served and military occupation.

4. Do you want to be a Guardian for a specific Veteran? If so, who?

5. Do you use a can, walker or wheelchair? Please specify.

6. Can you walk up and down set of eight bus steps without any assistance?

7. Can you walk the length of a football field, without any assistance?

Yes

No

8. Do you have a history of seizures?

Yes

No

9. Do you have any problems with motion sickness?

Yes

No

10. Do you have a history of sinus or ear problems?

Yes

No

11. Do you have any breathing problems?

Yes

No

12. Do you use oxygen at any time?

Yes

No

13. Do you use a home Nebulizer machine?

Yes

No

14. Do you wear a heart pacemaker implanted?

Yes

No

15. Are you hard of hearing?

Yes

No

16. Have you been diagnosed with Dementia or Alzheimer's disease?

Yes

No

17. Are you Diabetic? If so, how is it controlled?

18. Do you have Urostomy, Foley a Colostomy Bag?

Yes

No

19. Are you legally blind?

Yes

No

20. What medications are you taking (name, dosage and how often)?

21. Are you allergic to any drugs or foods? Describe in detail.

Return completed applications to:

Tony Dotson
Room 2 Erikson Hall
University of Kentucky
Lexington, KY 40506