



Veteran and Guardian Application

Buffalo Niagara Honor Flight, a hub of the National Honor Flight Network, recognizes American Veterans for their sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority is given to WWII Veterans, Korean War Veterans, Vietnam Veterans and terminally ill Veterans from all wars. Veterans are taken on a first come first serve basis. Some Veterans may be required to have a Guardian (Escort) accompany them on the flight. This individual will have an important role in ensuring our Veterans have a safe and memorable experience.

Veterans may request a friend or family member to accompany them. **Guardians must be able-bodied and at least 18 years of age. All guardians must submit the guardian application found in this packet.** If a family member or friend is not available, the Buffalo Niagara Honor Flight organization will gladly provide a guardian.

*Guardians are responsible to pay a fee that covers their expenses for the day. This fee will be assessed prior to the flight and **MUST** be paid two (2) weeks before the flight. Check or credit card accepted.

This packet includes the VETERAN and GUARDIAN applications - **Please submit the applications together** if you have chosen someone to be your guardian.

If you have any questions, please contact Mary Piekart via cell:716-430-0634, email: litlbug612@msn.com.

Thank you!

**ONCE WE RECEIVE YOUR COMPLETED APPLICATION(S), YOU WILL RECEIVE A POSTCARD IN THE MAIL STATING THAT WE HAVE RECEIVED YOUR APPLICATION!*

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For Buffalo Niagara Honor Flight Use Only: LAST NAME: _____ Date Received: _____



Veteran Application

Buffalo Niagara Honor Flight, Inc.
An Official Honor Flight Network Hub
P.O. Box 426 – Clarence, NY 14031 – PHONE: 716-473-8465

Your Information: Name must be as it appears on your ID for airline travel (License, Passport)

First _____ Middle _____ Last _____

First Name or Nickname to be used on Name Tag _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Cell _____

Email Address _____

Weight _____ Birthday Month/Day/Year _____ Age _____ Gender _____

Polo Shirt Size (Check One) S M L XL 2XL 3XL

Service History

World War II Korean War Vietnam War Other _____

Dates of Service: From: _____ To: _____

Branch of Service: Air Force Army Coast Guard Marines Merchant Marines Navy

Tell us about your time... Medals, ships, planes and battles (use back of sheet if needed)

Purple Heart Recipient?

Rank at discharge? _____

Where did you serve? _____

Activity during the War? _____

VETERANS WISHING TO FLY TOGETHER If you wish to experience this trip with another veteran who served during the same era, please list his/her name and phone number. He/she must submit a completed Veteran and Guardian Application Packet which can be downloaded from our website or we can mail the packet to them. If possible, submit all applications together to help in your request. Buffalo Niagara Honor Flight will do its best, but makes no guarantee that the veteran's request will be honored.

Veterans Name (First and Last) _____

Phone _____

Alternate Contact Information: Provide two names that can be contacted now and on travel day.

1) First _____ Last _____

Phone _____ Cell _____

Email Address _____ Relationship _____

2) First _____ Last _____

Phone _____ Cell _____

Email Address _____ Relationship _____

This information permits assessment of support services needed during your trip.
Information is for volunteer medical, flight and administrative staff only.

Talk to your doctor about this trip!!!

YES	NO	If yes, to ANY question, it is STRONGLY advised that you discuss the trip with your physician!	
		Do you have a pacemaker and/or defibrillator (AICD)?	
		Do you use mobility equipment?	If yes, please check type of device(s) ___ Cane ___ Wheelchair ___ Wheelchair confined? ___ Walker ___ Scooter _____ Other
		Are you able to walk, ascend, descend tour bus with assistance?	
		Do you have problems with motion sickness?	If yes, is it controlled with medications?
		Do you have balance issues or problems with being dizzy?	If yes, please describe:
		Do you have diabetes?	If yes, do you take diabetes medication? If yes, ___ Injected ___ Oral How often? _____ .

	Do you have any dietary requirements?	If yes, please describe (e.g., vegetarian, gluten free)
	Do you have a urostomy or colostomy bag?	If yes, please specify. Please make sure the bag is vented prior to flight. Are you incontinent? ___Yes ___No
	Do you have any drug or food allergies?	If yes, please list:
	Do you have a history of seizures? (e.g., grand mal, petit mal, other)	If yes, please describe If yes, when was your last seizure?
	Do you have any breathing problems?	If yes, please describe
	Do you use oxygen at any time?	If yes, when do you use it?
	Do you use a home nebulizer machine?	If yes, will you be able to use portable, hand-held nebulizers during the trip? ___Yes ___No
	Do you use a CPAP?	___Yes ___No
	Do you have a history of open head injuries?	If yes, to open head injury, sinus or ear problems please answer the following:
	Do you have a history of sinus and/or ear problems?	<ul style="list-style-type: none"> • Have you flown since the problem occurred? ___Yes ___No • If you have flown, did you have any problems? ___Yes ___No • If there were problems, please describe
	Do you have a history of an irregular heart rate, atrial fibrillation, valve replacements, history of blood clots, high blood pressure, congestive heart failure?	If yes, please describe
	Do you smoke?	___Yes ___No

PRESCRIPTION MEDICATION:

MEDICATION NAME:		TIME OF DAY:	AM PM	QUANTITY:	
Reason Medication Taken & Other Remarks:					
MEDICATION NAME:		TIME OF DAY:	AM PM	QUANTITY:	
Reason Medication Taken & Other Remarks:					

MEDICATION NAME:		TIME OF DAY:	AM PM	QUANTITY:	
Reason Medication Taken & Other Remarks:					

IF YOU HAVE MORE MEDICATIONS, PLEASE LIST ON A 8.5 X 11 SHEET OF PAPER ADD ATTACH TO APPLICATION

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

- 1 As photographic and video equipment are frequently used to memorialize and document Honor Flight/Buffalo Niagara Honor Flight 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 Honor Flight/Buffalo Niagara Honor Flight program. I hereby release the photographer and Honor Flight/Buffalo Niagara Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight/Buffalo Niagara Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight/Buffalo Niagara Honor Flight promotional material and publications and waive any rights or compensation or ownership thereto.
- 2 I further understand that Honor Flight/Buffalo Niagara Honor Flight does not provide on-going medical care. However, Medical Personnel are available for emergencies. I understand that I accept any risks associated with travel and other Honor Flight activities and will not hold Honor Flight/ Buffalo Niagara Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight/Buffalo Niagara Honor Flight program.
- 3 Your signature on this page grants us the right to share your information with our volunteer medical, flight and administrative staff.
4. I authorize Buffalo Niagara Honor Flight officials to release my contact information (home phone and address) to other requesting individuals in the same flight for purposes of communication and camaraderie with the other participants.

NAME PRINTED _____ SIGNED _____

DATE: _____

I would like to have Buffalo Niagara Honor Flight provide a Guardian for me. Send the completed veteran application to the address below.

I have a designated family member or friend chosen to accompany me on my Buffalo Niagara Honor Flight. The guardian application needs to be completed and both applications should be sent together to the address below:

Submit form(s) to :

**Buffalo Niagara Honor Flight
Veteran and Guardian Coordinator
P.O. Box 426
Clarence, NY 14031**

For Questions Contact:

**Mary Piekart
Cell: 716-430-0634
Email: litbug612@msn.com**

Rev. 11-25-23



Guardian Application

Buffalo Niagara Honor Flight, Inc.

An Official Honor Flight Network Hub

P.O. Box 426 – Clarence, NY 14031 – PHONE: 716-473-8465

Buffalo Niagara Honor Flight, a hub of the National Honor Flight Network, would not be successful without the generous support of our Guardians. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the Memorials. Guardians are responsible for their own expenses* (airfare, transportation, meals, etc.) The veteran may request a friend or family member to accompany them.

Guardians must be able-bodied and at least 18 years of age.

*Guardians are responsible to pay a fee that covers their expenses for the day. The amount will be assessed prior to the flight and **MUST** be paid two (2) weeks before the flight. Check or credit card accepted.

Guardian Information: Name must be as it appears on your ID for airline travel (License, Passport)

First _____ Middle _____ Last _____

First Name or Nickname to be used on Name Tag _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Cell _____

Email Address _____

Weight _____ Birthday Month/Day/Year _____ Age _____ Gender _____

Polo Shirt Size (Check One) S M L XL 2XL 3XL

Request to travel with specific Veteran: Yes No If yes, please fill out the information below.

Veteran's Name (First & Last)	Phone
Your Relationship to Veteran	

If you are a Veteran: Dates of Service: From: _____ To: _____

Branch of Service: Air Force Army Coast Guard Marines Merchant Marines Navy

Tell us about your time... WHEN and WHERE you served

Alternate Contact Information: Provide two names that can be contacted now and on travel day

First _____ Last _____

Phone _____ Cell _____ Relationship _____

First _____ Last _____

Phone _____ Cell _____ Relationship _____

YES	NO	PLEASE answer the following questions: Attach 8.5 X 11 sheet of paper if you need to provide additional information for the questions below or medications.	
		Can you assist a 200 lb. average individual in a wheelchair over long distances and uneven terrain if needed?	
		Do you have any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian?	If yes, please describe:
		Do you have any medical experience? (e.g., EMT, CPR, Paramedic, Nurse, Doctor)	If yes, please describe:
		Do you have any drug or food allergies?	If yes, please list
		Do you have a history of seizures? (e.g., grand mal, petit mal, other) If within the last five years, it is STRONGLY advised you discuss this trip with your physician!	If yes, please describe If yes, when was your last seizure?
		Do you have diabetes?	If yes, do you take diabetes medication? If yes, ___Injected ___Oral How often? _____

PRESCRIPTION MEDICATION:

MEDICATION NAME:		TIME OF DAY:	AM PM	QUANTITY:	
Reason Medication Taken & Other Remarks:					
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4. I authorize Buffalo Niagara Honor Flight officials to release my contact information (home phone and address) to other requesting individuals in the same flight for purposes of communication.

GUARDIAN NAME PRINTED _____

GUARDIAN NAME SIGNED _____ **DATE** _____

Submit form(s) to :

For Questions Contact:

Buffalo Niagara Honor Flight

Mary Piekart

Veteran and Guardian Coordinator

Cell: 716-430-0634

P.O. Box 426

[Email: litlbug612@msn.com](mailto:litlbug612@msn.com)

Clarence, NY 14031

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