

# Vietnam Tour Project Veteran Application



The Vietnam Tour Project wishes to recognize Northern Nevada's Vietnam Veterans and Vietnam Era Veterans for their sacrifices and accomplishments by taking them to Washington, D.C. to see and experience their memorials at no cost. The Project accepts all Northern Nevada Vietnam and Vietnam Era veteran's applications regardless of their branch of service, combat, or tour status. Top priority will be afforded to the terminally ill and all flights will be accompanied by two Registered Nurses and a Medical Doctor.

For what you have given to our Nation, please consider this as a token of our appreciation for your service. For more information, please contact Nevada Honor Flight at 775-323-9955

Please **PRINT** your name exactly as it appears on your Driver's License, State, or National Identification Card:

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

NICKNAME (IF APPLICABLE): \_\_\_\_\_ GENDER:  MALE  FEMALE DOB: \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE VIETNAM TOUR PROJECT? \_\_\_\_\_

YOUR TEE SHIRT SIZE:  S  M  L  XL  XXL  XXXL

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

**GUARDIAN** [NOTE: Spouses cannot be guardians, unless veteran, or medically dependent (call for details)]

**GUARDIANS WILL BE REQUIRED TO PAY THEIR OWN TRAVEL COSTS**

WILL YOU BE TAKING A GUARDIAN WITH YOU?  YES  NO HAVE THEY COMPLETED THE GUARDIAN APP?  YES  NO

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**MILITARY SERVICE HISTORY**

BRANCH OF SERVICE:  MARINE CORPS  ARMY  NAVY  AIR FORCE  COAST GUARD

RANK/RATING: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_ HOME TOWN: \_\_\_\_\_

SERVED DURING:  KOREA  VIETNAM WAR 1962-1974 (REQUIRED)  DESERT STORM/GULF WAR  IRAQ  AFGAN

DUTIES ASSIGNED: \_\_\_\_\_

**MEDICAL INFORMATION** (NOTE: The information provided will not be used to determination qualification. It will be used purely to assess the type of support we will require during the trip. Information is for the Vietnam Tour Project and its Medical Personnel ONLY.)

Medication	Dosage and How Often	Medication	Dosage and How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is required, please attach an additional sheet and provide similar information

**MEDICAL INFORMATION (CONT'D.)**

DO YOU REQUIRE MOBILITY EQUIPMENT?  YES  NO IF YES, WHAT TYPE? \_\_\_\_\_

DO YOU HAVE ALLERGIES?  YES  NO IF YES, LIST: \_\_\_\_\_

SEIZURES?  YES  NO IF YES, TYPE?  GRAND MAL  PETIT MAL  OTHER: \_\_\_\_\_

DATE OF LAST SEIZURE? \_\_\_\_\_ (Note: If within the last 5 years, please discuss the trip with your Physician)

DO YOU HAVE BREATHING PROBLEMS?  YES  NO IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DO YOU USE A HOME NEBULIZER MACHINE?  YES  NO

DO YOU SUFFER FROM MOTION SICKNESS?  YES  NO CAN IT BE CONTROLLED BY MEDICATION?  YES  NO (If no, we strongly recommend you discuss the trip with your Physician)

DO YOU REQUIRE OXYGEN?  YES  NO If yes, please attach a prescription to this application. Oxygen will be provided.

CAN YOU WALK 100 YARDS WITHOUT ASSISTANCE?  YES  NO If NO, please indicate the reason, i.e. lungs, heart, arthritis, etc.: \_\_\_\_\_

HAVE YOU HAD HEAD INJURIES?  YES  NO; DO YOU HAVE EAR ISSUES?  YES  NO; SINUS ISSUES?  YES  NO

HAVE YOU FLOWN SINCE EXPERIENCING THE ABOVE ISSUES?  YES  NO If yes, we strongly advise you to discuss the trip with your Physician

DO YOU HAVE A COLOSTOMY, OR UROSTOMY BAG?  YES  NO If yes, please make sure that the bag is "vented" prior to the flight. If you are not sure if it is, please discuss with your Physician.

Additional Comments and/or Concerns: \_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING CAREFULLY BEFORE SIGNING**

The Undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Vietnam Tour Project flights and events, I acknowledge that my image may appear in a public forum, such as the media, or a website to acknowledge, promote, or advance the work of the Vietnam Tour Project. I hereby release the photographer and the Vietnam Tour Project from all claims and liability relating to said photographs. I hereby give my permission for my images captured during Vietnam Tour Project activities through video, photo, or other media to be used for the purposes of the Vietnam Tour Project promotional materials and publications and waive any rights, compensation, or ownership thereto.
2. I further state that I understand that medical insurance is the responsibility of the participating veteran, guardian, or volunteer and I understand that neither the Vietnam Tour Project nor the provider of the aircraft used ("Flight provider") provides medical care. I understand and accept all risks associated with travel and other activities that the Vietnam Tour Project may contract with and will not hold the Vietnam Tour Project, the Flight Provider, or any person appearing, or quoted in any advertisement, or Public Service Announcement for, or on behalf of the Vietnam Tour Project, responsible for any injuries incurred by me while participating in the Vietnam Tour Project program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit the completed application, any additional pages and a copy of Applicant's DD-214 (Social Security Numbers may be blacked out)

to:  
**Vietnam Tour Project**  
**C/O Honor Flight Nevada**  
**P.O. Box 21123**  
**Reno, NV 89515**