

For Honor Flight Use Only: Date Rec'd ____/____/____



Veteran Application

Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington DC to see YOUR memorial at no cost. Top priority is given to WWII and terminally ill veterans from all wars. We have also expanded to the Korean and Vietnam Wars and now are accepting applications for those veterans. In order for Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping all veterans have a safe and memorable experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For further information, please call 563-690-0815 or visit us at www.honorflightdbq.org.

Your Name _____

First

Middle Name

Last

(Please list your first, middle and last name as it appears on your driver's license or government ID)

Address _____ Gender _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Weight _____ Age _____ Date of Birth ____/____/____ Shirt Size _____

Preferred Departing Airport: _____

Alternate Contact (son, daughter etc.) Name _____ Relationship _____

Phone _____ Cell _____ Email _____

Emergency Contact Information (person to contact the day you travel)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Service History: Branch _____ War _____

Hometown from where you entered the service from _____

Medical: The information provided will not disqualify you. It permits us to assess the support we need during the trip. Information is for Honor Flight and medical personnel only.

Do you use mobility equipment? Yes ___ No ___ If yes, circle which: Cane Walker Wheelchair

List medications: _____

Do you have any allergies? _____

Do you have a history of seizures? Yes No If yes, grand mal, petit mal, other _____

If your last seizure was within the past 5 years, please discuss trip with your physician.

Do you have problems with motion sickness? Yes No If yes, is it controlled with medication _____

Do you have breathing problems? Yes No If yes, do you use oxygen _____

If yes you will need a prescription from your physician for oxygen to be used on the trip. The oxygen will be provided. The prescription should be turned in with this application.

Do you use a home nebulizer machine? Yes No If yes, we strongly suggest you discuss this trip with your physician concerning the use of a portable hand-held nebulizer during the trip.

Do you have problems walking the length of a football field without assistance? Yes No
If yes, please describe the reason (lungs, arthritis etc.) _____

Do you have a history of open head injuries, sinus problems, or ear problems? Yes No

If yes, have you flown with this condition Yes No Did you have any problems Yes No

If YES, it is strongly advised you discuss the trip with your private physician. If you have never flown since having this condition, we again strongly advise that you discuss this trip with your doctor.

Do you have a urostomy or colostomy bag? Yes No If yes, make sure the bag is vented prior to the flight. If you do not know if the bag is vented, we strongly advise that you discuss this with your physician.

Additional Comments or Concerns: _____

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 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 Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo or any other media, to be used solely for the purposes of Honor Flight 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 that neither Honor Flight nor the provider of free private aircraft (flight provider) provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the flight provider, or any other person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed _____ Dated _____

Email applicants will be required to sign prior to actual flight

Please submit form to: Honor Flight of Dubuque and the Tri-States – PO Box 659, Dubuque, IA 52004-0659
or email to pmason@radiodubuque.com or fax to 563-588-5688