

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



Volunteer Application

Honor Flight would not be successful without the dedicated help provided by the volunteers. Assistance is required from office management and clerical support to airport assistance that aids the veterans both at the beginning and at the end of each trip. Please consider the wide range of opportunities; every little bit helps. For further information, please contact us at (563) 690-0815 or www.honorflightdbq.org. Thank you for your support.

Your Name _____
 First **Middle Name** **Last**

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____ Age _____ Date of Birth ____/____/____

Occupation _____ Are you a veteran? ____ Yes ____ No

If a veteran, please indicate branch of service, and when and where you served _____

Please list one (1) emergency contact

Name _____ Relationship to applicant: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

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

*If under 18, parent/guardian must also sign and date below

Signed _____ Dated _____

Parent/Guardian signature

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