

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. We are currently accepting applications for Veterans from all wars with top priority given to terminally ill veterans. Dates of service, age and application date will determine the order in which Veterans are chosen for each flight. 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 fellow Veterans have given to us, please consider this flight 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.

PLEASE PRINT

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

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

Address _____ Gender _____

City _____ State _____ Zip _____

Best Contact Phone Number _____

Email Address _____

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

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

Best Contact Phone Number _____ Email _____

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

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Best Contact Phone Number _____

Service History: Branch _____ War _____ What Years Did You Serve? _____

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, indicate which: Cane ___ Walker ___ Wheelchair ___

List medications: _____

Do you have allergies? Yes ___ No ___ If yes, what are they? _____

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 NOTE:

Your spouse CANNOT be your guardian.

You must now have the Gold Star on your Driver's License and /or your ID card to be on an Honor Flight.

Do you have the Gold Star on your Driver License? Yes ___ No ___
If you do not have the Gold Star you will not be allowed to fly. (Allow 3 to 6 weeks to have the Star added.)

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 _____

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