June 6, 2026 Date of Entry_____ For Honor Flight use only

of Dubuque and the Tri-States

Guardian Application

Honor Flight would not be successful without the generous support of our guardians. Guardians play s significant role on every trip, insuring that every Veteran has a safe and memorable experience. Duties include, but not limited to, physically assisting the Veterans at the airport, during the flight, and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.) For further information please call 563-690-0815 or visit us at www.honorflightdbq.org

Do you have a REAL ID or passport? **Yes____No____** **You CANNOT be Guardian for your Spouse**

Your Name As it appears on your driver's license or government ID

_____
First Middle Name Last

Street Address _____ Apartment/PO Box _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

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

Are you a Veteran? Branch _____ What years did you serve _____ - _____

VETERAN REQUEST Name _____ Relation_____

Completed Veteran Application must be submitted. **NO GUARANTEES you will be selected.**

EMERGENCY CONTACT Name _____

Relation _____ Best Phone Number _____

Email _____

Why are you volunteering for Honor Flight?

_____

Prior Volunteer Experience

_____

Do you have allergies? Yes ___ No ___ What are they _____

Print legibly a list of your medications and dosage on a 3 x 5 card or small piece of paper to carry with you on the day of your flight.

Any physical disabilities or restrictions? _____

Please note any medical experience you may have (e.g., EMT, CPR, Paramedic)

_____

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 provide of free private aircraft (flight provided) 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 insured 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