



Date of Entry _____

For Honor Flight use only

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

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 _____

Best Phone Number _____ Email _____

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

Service History: Branch _____ What years did you serve _____ - _____

GUARDIAN REQUEST Name _____ Relation _____

Completed Guardian Application must be submitted separately

There are NO GUARANTEES they will be chosen.

EMERGENCY CONTACT Name _____

Relation _____ Phone Number _____

Email _____

Medical: The information provided will **NOT** disqualify you. It permits us to assess the support needed during the trip. Information is for Honor Flight medical personnel **ONLY**

Do you use mobility equipment? Yes ____ No ____ Cane ____ Walker ____ Wheelchair ____
Can you walk the length of a football field without assistance? Yes ____ No ____

Breathing Problems? Yes _____ No _____ **OXYGEN?** _____

If yes, you need a prescription from your physician for oxygen to be used. Oxygen will be provided. **The prescription should be handed in with this application.**

Please Be Honest. It will NOT disqualify you.

Do you have allergies, history of seizures, motion sickness, home nebulizer machine, history of open head injuries, sinus or ear problems, urostomy or colostomy bag?

Yes _____ No _____

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.

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 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