



(This Space For Office Use Only)

Date Received: _____
DD 214 Received: _____
DD 214 Reviewed: _____
App Entered: _____
Postcard Sent: _____
Group Number: _____

VETERAN APPLICATION

Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to see their memorial and others at no cost. *For Honor Flight to achieve this mission, a Guardian will be assigned to provide assistance in helping you and other Veterans have a safe, memorable, and rewarding experience.* Priority continues to be for WWII, Korean and terminally ill Veterans. For all you and your comrades have sacrificed for us, please consider this a small token of appreciation from all of us at Honor Flight.

For more information, please check our website: www.HonorFlightQC.org or call us at (563) 388-3592 or email: honorflight@ridgecrestvillage.org

Please attach a copy of your DD214 to this application. **Thank You for your service.**

NOTE: Please be advised, you MUST have a photo ID or VALID passport to fly with Honor Flight. PLEASE PRINT NEATLY.

YOUR NAME: _____
First (Middle as shown on your personal ID) Last

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ Mobile ☐ Landline ☐

E-MAIL: _____ T-Shirt Size: (circle one) S, M, L, XL, 2XL, 3XL, 4XL

GENDER _____ WEIGHT _____ HEIGHT _____ BIRTH DATE (MM/DD/YYYY): _____

ALTERNATE CONTACT INFORMATION: (Son, daughter, sibling ~ NOT SPOUSE OR SIGNIFICANT OTHER)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ Mobile ☐ Landline ☐

EMERGENCY CONTACT (Someone available at home the day you travel):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ Mobile ☐ Landline ☐

SERVICE HISTORY: Branch of Service: Army ☐ Navy ☐ Air Force ☐ Marines ☐
Coast Guard ☐ National Guard ☐ Reserves ☐

Conflicts during your service: ☐ Korea (6/29/1950 – 1/31/1955) ☐ Vietnam (2/28/1961 – 5/7/1975)

☐ Lebanon/Grenada: (8/24/1982 – 7/31/1984) ☐ Panama (12/20/1989 – 2/13/1990)

☐ Gulf War/War on Terrorism (GWOT): (8/2/1990 to Present) Other dates: _____

Rev: January 2023

PLEASE COMPLETE BOTH SIDES AND SIGN

MEDICAL: 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 any mobility equipment: CANE ☐ WALKER ☐ WHEELCHAIR ☐ SCOOTER ☐

Do you use prescribed oxygen outside of sleeping hours? No ☐ Yes ☐

If Yes, a copy of prescription is required. Oxygen provided at no

Please check any of the following if you HAVE or HAVE HAD – select all that apply:

<input type="checkbox"/> Dementia	<input type="checkbox"/> MS (Multiple Sclerosis)
<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Stroke
<input type="checkbox"/> ALS (Lou Gehrig's Disease)	<input type="checkbox"/> Diabetes
<input type="checkbox"/> COPD	<input type="checkbox"/> Motion sickness/Vertigo
<input type="checkbox"/> Seizures	

Important: You will have a Guardian assigned to you on the trip. They have the privilege of traveling with you on this special day. They have been briefed on the trip and will be able to answer questions and assist you in any way you wish. Talk to them in confidence. What you say on an Honor Flight stays on an Honor Flight. *At this time we are unable to accept guardian applications from family members.*

Additional Comments or Concerns:

PLEASE REVIEW AND SIGN: (*Honor Flight refers to Honor Flight of the Quad Cities and Honor Flight Network*)

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, my image may appear in a public forum, such as the media or a 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 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 my responsibility and I understand that **Honor Flight** does NOT provide medical insurance. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injury/illness incurred by me while participating in the **Honor Flight** program.
3. **I understand I must attend the Mandatory Orientation program prior to my scheduled flight.**

VETERAN SIGNATURE: _____ DATE: ____/____/____

Have you attached a copy of your DD214? Your application will NOT be processed until we receive your DD214.

Please submit this form to:

Honor Flight of the Quad Cities
c/o Ridgcrest Village
4130 Northwest Blvd
Davenport, IA 52806
Or fax to: (563) 388-3287

