

FOR HONOR FLIGHT USE ONLY: Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ W, O, L, G

FLIGHT ASSIGNED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Honor Flight VETERAN APPLICATION

**ALL information must be filled in prior to submission. The information requested will not limit your ability to attend; it is required so that we may provide you with a safe and memorable experience.**

Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority) is given to WW II and terminally ill veterans from all wars. Honor Flight has also expanded to include Korean and Vietnam Veterans. In order for Honor Flight to achieve it's goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this trip a small token of appreciation from all of us at Honor Flight.

For Eastern Iowa Honor Flight information, please contact our Staff at [easterniowahonorflight@gmail.com](mailto:easterniowahonorflight@gmail.com) or call at (855) 344-3435. Our website is <http://www.eihonorflight.org>.

Please enter your dates of service: 19\_\_\_\_ - 19\_\_\_\_

**YOUR NAME:** (As it appears on your ID for airline travel) **Please print - ALL INFORMATION IS REQUIRED**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

NICK NAME (If Applicable) To be used for your name tag : \_\_\_\_\_ BIRTH DATE: (M/D/Y) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

If you have multiple addresses (Summer/Winter) please enclose a note with dates you live at each address.  Yes I have two addresses.

ALTERNATE PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

N/A or SPOUSE'S NAME: \_\_\_\_\_ Spouse's Cell Phone #: \_\_\_\_\_

**REQUESTED GUARDIAN:** (Spouses cannot be Guardians)

**If a specific Guardian is requested, a Guardian application is required ASAP. You may go to**

**<http://www.eihonorflight.org>** to download a copy. If no Guardian is requested, one will be provided by Honor Flight from the many volunteers who would be honored to spend the day with you. (Check one)  None Requested  Family Member  Friend

If a requesting a Guardian, their application is: (check one)  Attached  Submitted Previously  Forthcoming

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ EMAIL (Required) : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ALTERNATE CONTACT NOT LIVING WITH YOU (Son, daughter, friend, etc) REQUIRED**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL (Required): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** (Someone available the day you travel) REQUIRED

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL (Required): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

VETERANS NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

VETERAN SHIRT SIZE (Mens): (circle one) S, M, L, XL, 2XL, 3XL Other \_\_\_\_\_

SERVICE HISTORY: BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

HOME TOWN: (From which city and state did you enter the service?) \_\_\_\_\_

TELL US ABOUT YOUR SERVICE: \_\_\_\_\_  
\_\_\_\_\_

LIST ANY SERVICE AWARDS: \_\_\_\_\_

OCCUPATION PRIOR TO RETIREMENT: \_\_\_\_\_ COMPANY: \_\_\_\_\_

WHAT ORGANIZATIONS DO/DID YOU BELONG? (Ex: American Legion, VFW, Rotary, Scouts): \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

THE MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT and MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES NO. If YES, please select: CANE WALKER WHEELCHAIR SCOOTER

Do you need assistance climbing 4-5 steps? YES NO

Do you need help walking five blocks (1/2 mile)? YES NO

Do you use insulin? YES NO

Do you use oxygen at any time? YES NO

**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 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 the responsibility of the veteran and I understand that **Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

SIGNED: \_\_\_\_\_

MONTH/DAY/YEAR: \_\_\_\_/\_\_\_\_/\_\_\_\_ (E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:  
**Eastern Iowa Honor Flight**  
P.O. Box 10704  
Cedar Rapids, IA 52410

Direct email to: [easterniowahonorflight@gmail.com](mailto:easterniowahonorflight@gmail.com)

Eastern Iowa Honor Flight is an official Hub of the Honor Flight Network, [www.eihonorflight.org](http://www.eihonorflight.org)