



# VETERAN APPLICATION



This application will put you on the waitlist to fly from SIOUX FALLS, South Dakota

Midwest Honor Flight, through the Honor Flight Network, recognizes American veterans in NW Iowa, South Dakota, and SW Minnesota for your sacrifices and achievements by taking you to Washington, DC to see YOUR memorial at no cost to you. Top priority is given to WWII and terminally ill veterans from all wars. Midwest Honor Flight has expanded to include Korean and Vietnam Veterans. For Midwest Honor Flight to achieve this goal, Guardians fly with the Veterans on every flight providing assistance and helping to ensure you have a safe, memorable, and rewarding experience. **A COPY OF YOUR DD-214 OR EQUIVALENT PAPERS MUST BE SUBMITTED WITH THIS APPLICATION.**

YOUR **FULL** NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
As it appears on your ID: First Name FULL Middle Name Last Name

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

PHONE: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GENDER: \_\_\_\_\_ T-SHIRT SIZE: (Circle One) S M L XL 2XL 3XL 4XL

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

ALTERNATE CONTACT INFORMATION (someone other than your spouse):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address OR E-Mail Address: \_\_\_\_\_

PHONE: Primary #: \_\_\_\_\_ Secondary/Cell Phone: \_\_\_\_\_

SERVICE HISTORY: BRANCH OF SERVICE: ARMY MARINES NAVY AIR FORCE COAST GUARD

Which Era(s) did you serve during - your submitted documentation MUST match the dates below: (Please circle ALL that apply)

WWII (07 DEC 1941 - 31 DEC 1946) Korea (27 JUN 1950 - 31 JAN 1955) Vietnam (28 FEB 1961 - 07 MAY 1975)

Is there a Specific Guardian you would like to fly with you? What is their name and relationship to you (SORRY, NO SPOUSES):

**\*\*IF A GUARDIAN IS REQUESTED SPECIFICALLY, THEIR APPLICATION MUST BE FILLED OUT ON THE BACK SIDE\*\***

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

Do you use mobility equipment? YES NO Do you use prescribed oxygen outside of sleeping hours? YES NO

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

- |                                    |                                   |   |
|------------------------------------|-----------------------------------|---|
| ___ Cancer: _____                  | ___ Liver Disease                 | ___ Amyotrophic Lateral Sclerosis         |
| ___ Cardiomyopathy                 | ___ Multiple Sclerosis (MS)       | (Lou Gehrig's Disease)                    |
| ___ Congestive Heart Failure (CHF) | ___ Renal Disease                 | ___ Chronic Obstructive Pulmonary Disease |
| ___ Dementia                       | ___ Respiratory/Pulmonary Disease | (COPD)                                    |
| ___ Heart Disease                  | ___ Stroke                        |   |

### PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

I understand that there are waiting lists of Veterans who have applied before me and understand that Midwest Honor Flight flies Veterans, at no cost to them without governmental funding, with the policy of "first to apply, first to fly" with priority always given to any WWII Veteran or terminally ill Veteran. Failure to completely fill out the entirety of this application may result in my application being return to me or not considered for flights. I also understand that I must bring a current form of government issued photo I.D. on flight day, that must not be expired, and will be REAL ID compliant.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Applying Veteran Signature)

**SEND YOUR COMPLETED APPLICATION TO: Midwest Honor Flight Applications; PO Box 22; Sioux Center, IA 51250**

*Midwest Honor Flight does not sell, rent, or otherwise disclose any personal or confidential information. This information will be used solely for the purpose of your trip to ensure you have a safe, enjoyable experience in Washington, D.C.*



# GUARDIAN APPLICATION



**NOTICE: This is the GUARDIAN APPLICATION; Veterans and Volunteers will find a separate application online. Guardians must be at least age 16 at the time of the flight and may NOT be the spouse or significant other of a Veteran on flight.**

Midwest Honor Flight would not be successful without the generous support of our Guardians. Guardians play a significant role on every trip, ensuring that every Veteran has a safe and memorable experience. Duties include physically assisting the Veteran at the airport, during the flight and at the memorials. A minimum donation must be made to Midwest Honor Flight prior to flight - amount depends on time of year. This covers the Guardian's expenses. To ensure the safety of our Veterans, Guardians will be required to go through a live training session.

**YOUR FULL NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_  
As it appears on your ID: First Name FULL Middle Name Last Name

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

**PHONE: Home:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **T-SHIRT SIZE: (Circle One)** S M L XL 2XL 3XL 4XL

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

Is there a Specific Veteran you would like to fly with you? What is their name and relationship to you (SORRY, NO SPOUSES):

**\*\*IF A VETERAN IS REQUESTED SPECIFICALLY, THEIR APPLICATION MUST BE FILLED OUT ON THE BACK SIDE\*\***

### ALTERNATE CONTACT INFORMATION:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address OR E-Mail Address:** \_\_\_\_\_

**PHONE: Primary #:** \_\_\_\_\_ **Secondary/Cell Phone:** \_\_\_\_\_

Are you a Veteran of the US Military? \_\_\_Yes \_\_\_No

Are you able to push a Veteran in a wheelchair up a slight incline? \_\_\_Yes \_\_\_No Can you lift 100 pounds or more? \_\_\_Yes \_\_\_No

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

Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a Guardian. Also, please list any medications being taken and how often. \_\_\_\_\_

**\*\*PLEASE NOTE THIS DISCLOSURE DOES NOT ELIMINATE YOUR CHANCES OF GUARDIANSHIP, IT IS FOR US TO PREPARE FOR THE SAFETY OF ALL OUR VETERANS AND GUARDIANS FOR YOUR SELECTED FLIGHT\*\***

**FAILURE TO DISCLOSE MAY RESULT IN YOUR APPLICATION BEING DENIED AND NO REFUND ISSUED**

### PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

I understand that before I am confirmed as a Guardian, I must make a minimum donation to Midwest Honor Flight with the donation amount and deadline to be announced at the time of selection. I also understand that I must then complete one of the live Midwest Honor Flight Guardian Trainings prior to the selected flight - dates and locations will be announced at the time of selection. Failure to comply with either the donation or live training will result in my application being terminated and no refund being issued. Failure to completely fill out the entirety of this application may result in my application being returned to me or not considered for flights. I also understand that I must bring a current form of government issued photo I.D. on flight day, that must not be expired, and will be REAL ID compliant.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Applying Guardian Signature)

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(If the Guardian above is under the age of 18, a parent or legal guardian must sign)

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