



# Brushy Creek Area Honor Flight



## Medical/Support Staff Application

The Honor Flight would not be successful without the generous support from our Medical/Support Staff. The Medical/Support Staff personnel play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans at the airport, during the flight and at the memorials. Medical staff also provides minor medical care, as needed, during the day of the flight. For further information please contact us at brushycreekareahonorflight@gmail.com or (515) 573-9350 Sara Murphy Thank you for your support!

### APPLICANT'S INFORMATION:

Name \_\_\_\_\_  
(Name as it appears on your driver's license or government ID)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F (Please circle one)

Occupation: \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch of service were you in? \_\_\_\_\_

What are your dates of service? \_\_\_\_\_

Where did you serve? \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How did you learn about the Honor Flight organization? \_\_\_\_\_

2. Why are you volunteering for the Honor Flight? \_\_\_\_\_

3. Please list any prior volunteer experience: \_\_\_\_\_

4. Please list one (1) emergency contact:

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

5. Please list one (1) personal reference:

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

- 6. If possible, are you requesting to travel with a specific veteran? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the veteran's name? \_\_\_\_\_  
 (\*\*Please note that a completed "Veteran Application" must be submitted separately\*\*)
- 7. Are you able to push a veteran in a wheelchair up a slight incline? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. Can you lift 100 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Do you have any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please state what they are: \_\_\_\_\_
- 10. Are you currently on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (\*\*If yes, please attach a list of your current medications & dosages\*\*)
- 11. Do you have any drug or food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what are you allergic to? \_\_\_\_\_
- 12. Tee Shirt Size (please circle one size): S M L XL XXL XXXL
- 13. Do you have any medical experiences that may help as a guardian (i.e. EMT, CPR, Paramedic, Nurse, Doctor, etc.)? \_\_\_\_\_
- 14. Have you flown on an Honor or Freedom flight before? \_\_\_\_\_ If so, from where did you fly out of? \_\_\_\_\_

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, a participant's 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 each individual of the Medical/Support Staff and I understand 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 person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The selection of Medical/Support Staff will be the sole responsibility of the Brushy Creek Area Honor Flight Board and applications must be completed in their entirety to be accepted.

Please submit application & Medication List to:

Brushy Creek Area Honor Flight  
PO Box 104

Fort Dodge, IA 50501

or email to

[brushycreekareahonorflight@gmail.com](mailto:brushycreekareahonorflight@gmail.com)