



Date Received: _____
Department: _____
Application Entered: _____
Postcard Sent: _____

Quad City Back The Blue Flight

ACTIVE POLICE OFFICER APPLICATION

The mission of the Quad City Back the Blue Flight is to support and HONOR Law Enforcement Officers in the Quad Cities area, active and retired, by facilitating 1-day round trips to Washington, D.C. We will also include a family member of a local officer killed in the line of duty. Some of the sites we plan to visit are the National Police Officers Memorial Wall and Museum to honor our local fallen officers, U.S Capitol and Air and Space Museum. We will also be educating the public on local Law Enforcement concerns and continued support for our officers and future flights. For more information, please check out our website at www.qcblueflight.org or call us at (563) 386-7477 Ext. 225 or email at qcblueflight@gmail.com.

Thank You for your service!

NOTE: You MUST have a photo ID or VALID passport to fly on the Blue Flight.

PLEASE PRINT NEATLY.

YOUR NAME: _____ DOB: ____/____/____
First (Middle as shown on DL) Last

ADDRESS: _____

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

PHONE: _____ Mobile: ☐ Landline: ☐

EMAIL: _____ T-Shirt size: _____

ALTERNATE CONTACT INFORMATION: (Spouse, son, daughter, sibling)

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: ☐

LAW ENFORCEMENT HISTORY:

DEPARTMENT: _____

DATE OF HIRE: _____ LAST DATE OF SERVICE: _____

NOTE: Information will be verified with listed department.

In one paragraph, please describe why you want to travel on this flight and what it means to you and your future law enforcement career.

PLEASE REVIEW AND SIGN: (Blue Flight refers to Quad Cities Back the Blue Flight)

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Blue 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 **Blue Flight** program. I hereby release the photographer and **Blue Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Blue Flight** activities through video, photo, or other media, to be used solely for the purposes of **Blue 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 **Blue Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Blue Flight** activities and will not hold **Blue Flight** responsible for any injury/illness incurred by me while participating in the **Blue Flight** program.
3. **I understand I must attend the Mandatory Orientation program prior to my scheduled flight.**
4. **I understand that the Blue Flight is not responsible for any incurred costs such as lodging, transportation, food, etc.) to myself in case of any delays of the returned flight.**

OFFICER SIGNATURE: _____ DATE: ____/____/____

NOTE: No weapons of any kind are allowed on the flight.

If printed out and completed, please submit this form to:

Quad City Back the Blue Flight
c/o CASI
1035 W. Kimberly Road
Davenport, IA 52806



NOTE: We will only accept original applications, signed by the applicant.

