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

Quad City Back The Blue Flight

RETIRED 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:*** Select 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:**_____ **LEFT IN GOOD STANDING:** ☐ **Y** ☐ **N**
PLEASE CHECK ONE: RETIRED _____ **DUTY DISABILITY** _____
20 YEARS OF SERVICE IN ILLINOIS OR 22 YEARS IN IOWA: ☐ **Y** ☐ **N**
NOTE: Information will be verified with listed department.

Created: January 2026

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT YOU MAY NEED DURING THE TRIP. INFORMATION IS FOR BLUE FLIGHT & MEDICAL PERSONNEL ONLY.

Do you use any mobility equipment? CANE ◯ WALKER ◯ WHEELCHAIR ◯ SCOOTER ◯ NO ◯

Do you use prescribed oxygen outside of sleeping hours: NO ◯ YES ◯ If yes, a copy of prescription is required. Oxygen provided at no charge.

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

_____Dementia
_____Parkinson's
_____ALS (Lou Gehrig's Disease)
_____COPD
_____Seizures
_____MS (Multiple Sclerosis)
_____Stroke
_____Diabetes
_____Motion sickness/Vertigo

IMPORTANT: If needed, we will assign a Volunteer Guardian to you for the trip. They have the privilege of traveling with you on this special day. They have been briefed on this trip and will be able to answer questions and assist you in any way you wish. Talk to them in confidence. ***At this time, we will not allow family members to accompany officers on our flights.***

Additional Comments or Concerns:_____

_____

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.