

APPLICATION

Event Date: October 20, 2023

Application Deadline Date: September 29, 2023



The *Mission to Honor Veterans* event recognizes American veterans for their sacrifices and achievements by providing a virtual tour to “visit” our national war and service memorials at no cost. Please complete this application and submit as directed on the last page. If accepted into this event, a confirmation notice will be mailed to the mailing address provided below.

First Name _____ Middle Initial ____ Last Name _____

Name to use on Name Badge _____

Current Age _____ Date of Birth _____

Home Phone Number _____ Cell Phone _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Resident of a senior living community? Please tell us which one: _____

Email Address _____

(If you do not have an email address or regularly check email, please provide an email address of someone who can easily get in touch with you.)

Shirt Size: S M L XL 2XL 3XL 4XL

Emergency Contact for Day of Event

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Family Members

While we understand family support is important, due to our limited capacity and the nature of the program, this event is limited to Veteran attendees only. Your family may contact our team to provide suggestions on how we can best support you on the day of the event.

Military Service History

For the purpose of this event, our definition of a Veteran is: A person who has served at least 180 days of active duty in one of the armed forces, and who has been discharged with an Honorable, General, or Medical discharge. Please initial here that you were discharged with one of these types of discharges: _____

Personnel who are currently on active-duty status may also apply.

Branch of Service _____ Dates of Service _____

WWII Vets only: Your hometown when entering service _____

Circle your current rank or rank when discharged:

E1 E2 E3 E4 E5 E6 E7 E8 E9 WO1 WO2 WO3 WO4 WO5
O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 Other: _____

Medical History

Can you walk unassisted? Yes No

Do you use mobility equipment? Yes No

If yes, please indicate device: Cane Walker Wheelchair Scooter

Do you have any food allergies? Yes No

If yes, please describe: _____

Personal Caregivers

We group veterans into small squads, each with a dedicated leader. Your squad leader will be a fellow veteran who will coordinate activities during the event and will be available to assist you with non-medical issues throughout the day during each part of the event. In addition to your squad leader, attendees may request to have a personal caregiver on premises during the event. Personal caregivers must wait in our Standby Lounge in case there is a need for personal assistance.

Will you require a personal caregiver? Yes No

Personal Caregiver's Name _____

Cell Phone Number _____ Email Address _____

Review carefully and sign:

I understand and agree that:

1. All medical insurance and liability is the obligation of each participant. The *Mission to Honor Veterans* event, nor affiliated companies and people, does NOT provide medical care for this event beyond basic first aid. Furthermore, I understand that the *Mission to Honor Veterans* event will be following current El Dorado County and/or State of California COVID-19 protocols as they exist at the time of the event, which may change with little or no advance notice. I understand and accept responsibility for any illnesses or injuries incurred while participating in the *Mission to Honor Veterans* activities.
2. I hereby give consent to *Mission to Honor Veterans* to photograph, videotape, or otherwise digitally record and use images and/or sound recordings of myself to use in any public media, including radio, television, internet, social media, print or in any of the organization's publications, productions, or posts. I understand that the intended use of such images and information is solely for the purpose of advertising, marketing, fundraising and/or the promotional and public awareness purposes for the organization. I hereby waive any rights or interest in the images or recordings, and I waive any rights to compensation or ownership of them. I further acknowledge that there is no guarantee that any or all the images or recordings will be used in any released media.

Veteran's Signature _____ Date _____

Please forward the completed form to:

Mission to Honor Veterans

Kathy Hatten
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Email: khatten@visitingangels.com