

**VetsRoll, Inc®  
2025 Assistant  
Application**



- Assistant applications due by 6p, February 1, 2025
- Medical team applications due by 6p, January 1, 2025
- First time assistants must be age 18 - 68 as of May 1, 2025

**Sunday, May 18<sup>th</sup> - Wednesday, May 21<sup>st</sup>, 2025**

**Please send your completed application to:**

**Mail:** VetsRoll, Inc  
1777 Gardner St  
South Beloit, IL 61080

**Phone:** 815-389-9630 (M-Sa)  
**Fax:** 815-389-9631  
**E-mail:** [Mark@vetsroll.org](mailto:Mark@vetsroll.org)

**PLEASE NOTE: To be considered for the May 2025 trip, this form MUST be submitted, in entirety, NO later than Feb 1<sup>st</sup>, 2025!!**

**IMPORTANT NOTE: VetsRoll 2025 selections require a signed COVID Acknowledgement and Assumption of Risk Release  
If selected, you must be present on registration day, Saturday, May 17<sup>th</sup>, 2025!**

**Check here for consideration of Medical Team selection (Medical Team applications due by 6p, January 1, 2025)**

Your full name as it appears on your driver's license or state ID:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_

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

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email (**Required**): \_\_\_\_\_

Shirt size, (for stocking purposes, must be purchased separately): S M L XL 2XL 3XL 4XL 5XL

**Emergency Contact Information:** In event of an emergency (medical or otherwise), we require emergency contact for each participant.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email (**Required**): \_\_\_\_\_

**VetsRoll, Inc® COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS**

1. For receiving permission to voluntarily board and participate with VetsRoll, Inc.® onboard the Charter Bus(es), which are chartered by VetsRoll, Inc.®, I (participant) \_\_\_\_\_, hereby DISCHARGE AND COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS, for any and all purposes, VetsRoll, Inc.® and their officers, directors, agents, volunteers, or charter employees FROM ANY & ALL liabilities, claims, demands, or injury (including death) that may be sustained by me as a result of my boarding the VetsRoll, Inc.® Charter Bus(es) and/or my participation in any activities related to such trip while aboard and associated with the activities of VetsRoll, Inc.® and the Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

2. I am fully aware that there are inherent risks involved in boarding the VetsRoll, Inc.® Charter Bus(es) and/or participating in any activities associated with the VetsRoll, Inc.® trip, including but not limited to loss of balance, falling whether or not while onboard, nausea, cuts, broken bones and death and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY (INCLUDING DEATH) that may be sustained during or as a result of my boarding the VetsRoll, Inc.® Charter Bus(es) and/or participation in any activities aboard the VetsRoll, Inc.® Charter Bus(es), WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees for any loss, liability, damage, or costs, including court costs and attorney(s) fees, which may occur as a result of my boarding and participation in same.

3. I understand that VetsRoll, Inc.® does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Wisconsin.

5. I authorize designated representatives of VetsRoll, Inc.®, its medical personnel and/or trip affiliates to take appropriate action deemed necessary in the event of an emergency, during my participation in related activities, and agree to indemnify and hold harmless the same, against any and all claim(s) arising out of said care.

6. I understand that as a participant of VetsRoll, Inc.® trip and program, I am forbidden to carry any weapons, ammunition, or firearms for the duration of the trip.

7. Videographer(s) and/or photographer(s) have my permission to use my image or likeness in any public format (video, media, website, literature, etc.) for promotion of the VetsRoll, Inc.® trip and program. I hereby waive any rights I may have of ownership or any compensation (financial or otherwise) and agree all use of my likeness in conjunction with VetsRoll, Inc.® will remain the property of VetsRoll, Inc.®, dba VetsRoll.org.

8. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVID ACKNOWLEDGMENT AND ASSUMPTION OF RISK RELEASE**

I hereby acknowledge being aware of the COVID-19 pandemic, including the spread of coronavirus (the virus causing COVID-19) across the United States. In addition, I acknowledge being aware that some individuals have developed severe illness from COVID-19 and that some individuals have died as a result.

I hereby acknowledge that there are certain risks inherent with any travel with respect to potential exposures to and/or contraction of infectious diseases such as coronaviruses, including the recent COVID-19 virus and disease, as well as others, such as the Middle East Respiratory Syndrome (“MERS”) and Severe Acute Respiratory Syndrome (“SARS”) (collectively, “infectious diseases”).

I understand that by participating in a VetsRoll, Inc® program, including, but not limited to, a trip to Dayton, OH and to Washington, DC and surrounding areas as specified herein (“Trip”), I may need to travel by bus for extended periods of time and that I will likely be present in crowded places including non-private areas accessible to and visited by many other members of the public.

I hereby further acknowledge that while the risk of exposure to and/or contraction of infectious diseases, such as COVID-19, can be mitigated to some extent, all risk cannot be prevented.

Therefore, I hereby assume those risks of exposure to and/or contraction of infectious diseases which are beyond the control of VetsRoll, Inc®, including their respective board members, directors, officers, employees, agents, affiliates, independent contractors and representatives (collectively, the “VetsRoll experience”).

For the sake of clarity, I understand and agree that by assuming such risks, I am expressly releasing any and all claims against VetsRoll, Inc® associated with exposure to and/or contraction of infectious diseases during or after the Trip, including, but not limited to negligence claims against VetsRoll, Inc®.

I acknowledge that VetsRoll, Inc® does not have any particular expertise in dealing with infectious diseases such as COVID-19.

I acknowledge that I am participating on the Trip of my own free will, having been offered the opportunity to postpone my travel until the COVID-19 situation in the United States—especially in Dayton, OH and Washington, DC and surrounding areas such as Arlington, Virginia—is better understood and controlled.

Finally, I agree that VetsRoll, Inc® shall not be financially responsible for any medical bills or unexpected expenses that I may incur during the Trip, for example due to emergency or other medical treatment or any quarantine that may be required of me in connection with the Trip.

I acknowledge VetsRoll, Inc® is willing to discuss the foregoing with me and attempt to address any concerns I may request prior to my signing this document and that I have agreed to the foregoing conditions in consideration for the opportunity to promptly make the Trip.

**Please send your completed application to:  
VetsRoll, Inc 1777 Gardner St. South Beloit, IL 61080**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VetsRoll, Inc® Medical Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ After Hours Phone Number: \_\_\_\_\_

### **Medical History** (please check all that apply):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cardiac disease
<input type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input type="checkbox"/> Dementia	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dialysis*	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Liver failure
<input type="checkbox"/> Psychological	<input type="checkbox"/> Pulmonary Edema	<input type="checkbox"/> Renal failure	<input type="checkbox"/> Seizures**
<input type="checkbox"/> Smoker	<input type="checkbox"/> Stroke/CVA/TIA	<input type="checkbox"/> TB	<input type="checkbox"/> Thyroid
<input type="checkbox"/> COVID-19 Vaccinated/Booster(s): Yes ___ No ___ Do Not Wish to Disclose ___			

### **Current Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Are you on dialysis for kidney problems? \_\_\_ Yes \_\_\_ No If yes, describe type and frequency: \_\_\_\_\_

\*\*If you have a history of seizures, please describe (i.e. grand mal; petit mal; focal, etc.): \_\_\_\_\_

**PLEASE NOTE: If you have experienced seizure activity within the past five years, we urge you to discuss this trip with your physician.**

### **Food or Drug Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE A FRIEND WHO IS AN ELIGIBLE VETERAN, 'ROSIE', or ASSISTANT?**

If you know an eligible Veteran, 'Rosie' or Assistant that you would like to travel with, please print their name and number below and we will try, **but cannot guarantee**, to pair you together. **Be sure they complete the application on the same date, as well!**

**NOTE: Assistants are roomed with other assistants; Veterans & 'Rosies' with other Veterans & 'Rosies'**

Friend's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Veteran/Assistant

Friend's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Veteran/Assistant

Friend's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Veteran/Assistant

**Medical Team Applicants Only**

What is your medical provider status? Active/Inactive/Volunteer/ Career

What is your medical background/certification?

EMT-B / EMT-I / EMT-P / CNA / RN / LPN / MD / PA / NP / PT/ Other \_\_\_\_\_

Is your medical training level current? Yes No

If you are not selected to be part of the medical team, are you willing to go as an assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

**Tell Us About Yourself**

**Sell yourself, why will you make a *great* assistant?**

Are you a Veteran (**NOT** a requirement)? Yes \_\_\_\_\_ No \_\_\_\_\_ Status: Active/Retired/Reserve/Other \_\_\_\_\_

Years Served in the military? 19/20\_\_\_\_ thru 19/20\_\_\_\_ Honorably Discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

Attained Rank: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you CPR certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Any physical limitations that may restrict your ability to lift a person from a sitting to a standing position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you strong enough to withstand the rigors of heavy luggage, assisting people on steps, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have physical limitations that you feel restrict your ability to push a 225 lb. person in a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever worked with seniors and their special needs before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Assistant Expectations**

- 1) **This is NOT a vacation!!** You are on call 24/7 to serve our Veterans/'Rosies'. You will be getting up very early and going to bed late. You are expected to always have a smile on your face! You will be traveling with these heroes for four days and your interaction with them is what makes the trip memorable for our guests. You are expected to mingle with the Veterans/'Rosies' while on the motorcoach, at meals, at the hotels and while at their memorials, **but respect their privacy, too.**
- 2) Spouses (and significant others) of Veterans are not allowed to travel as assistants.
- 3) First-time assistant applicants must be between the ages of 18 and 68 on May 1<sup>st</sup> of the travel year.
- 4) If selected, you may not solicit money through any form of social media, to cover your cost of the trip.
- 5) If you are selected as a member of the Medical Team, or as an Assistant, you will be expected to attend the mandatory training meeting(s) and the Veteran/'Rosie' pre-trip meeting. Any exceptions may only be granted by the VetsRoll, Inc<sup>®</sup> Board of Directors.
- 6) To be considered for the Medical Team, or as an Assistant, a completed application must be submitted by the deadlines indicated on the first page of this application.
- 7) **You will pledge that if accepted for the Medical Team, or as an Assistant, you will agree to 100% abstention from consuming ANY alcoholic beverages and/or controlled substance (other than as prescribed by your doctor) from 12:01 am on the Saturday previous to departure, through dismissal following the welcome home reception on Wednesday night.**
- 8) The Medical Team and Assistants pay the required fees to have the privilege to travel with our Heroes. This covers all meals, double occupancy hotel room for three nights, motorcoach costs, gratuities and all applicable admission fees.
- 9) Full payment is due within 15 days of notification of acceptance by VetsRoll, Inc<sup>®</sup>.
- 10) The Bus Leader is in charge of the motorcoach that you are assigned to, throughout the trip. This includes time on the bus and at all stops. You are expected to address all reasonable requests of our Heroes. If you have any concerns during the trip, they are to be addressed with your Bus Leader.
- 11) If you are traveling with a Veteran/'Rosie', you will still be expected to assist with other Veterans/'Rosies' in your group. **You are an important part of a team.** We encourage you to engage our Heroes in conversation. However, please remember that the conversation is about them.
  - a. **Be a good listener and do not dominate conversations or speak about yourself**
  - b. **Respect their privacy...they are adults and we are not babysitters...allow private time to reflect**
  - c. **Do NOT partake in conversations of race, sex, religion or politics**
  - d. **Always thank them for sharing their memories with you**
  - e. **Be respectful of opinions that are different than yours**
  - f. **Remember that conversations may not be "politically correct"**
- 12) Expectations can change at any time and you should be prepared to be flexible both before and during the trip. For the comfort and enjoyment of our guests, the Veteran/'Rosie' should not be aware of any problems that may arise. You are expected to be professional and respectful to our Heroes at all times and assure them that the issue will be taken care of. Notify your bus leader if there is a problem and they will address it.
- 13) **Completing this application is not a guarantee that you will be selected to be a part of the Medical Team or as an Assistant.**
- 14) Exceptions will be discussed and granted solely by the VetsRoll, Inc<sup>®</sup> Board of Directors.
- 15) Every participant on a VetsRoll trip is a volunteer...RESPECT other volunteers and help them if needed.
- 16) **Every Assistant is required to view the Assistant Training video, to familiarize themselves with our expectations:**  
<https://www.youtube.com/watch?v=3m2cALzj9Eg>

**I have read and viewed the above Assistant expectations and agree to perform in compliance to all items listed.**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_