

VetsRoll, Inc® 2020 Assistant Application



- Assistant applications due by 6p, March 1, 2020
- Medical team applications due by 6p, Feb 1, 2020
- First time assistants must be age 18 - 68 as of May 1, 2020

Sunday, May 17th - Wednesday, May 20th, 2020

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

PLEASE NOTE: To be considered for the 2020 trip, this form MUST be submitted, in entirety, NO later than March 1st, 2020!!

Incomplete applications will not be accepted. Please be sure to sign the application where indicated and **print legibly**. **Transportation to and from Beloit, WI is your responsibility;** but we will gladly assist your planning and we have blocked special VetsRoll hotel rates in the Beloit area. Details at a later date. **If selected, you must be present on registration day, Saturday, May 16th, 2020!**

Check here for consideration of Medical Team selection (Medical Team applications due by 6p, February 1, 2020)

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: _____

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: _____

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 RELEASE, WAIVE, 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 Releases for any loss, liability, damage, or costs, including court costs and attorney(s) fees, that 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.

Participant Signature: _____ **Date:** _____

VetsRoll, Inc® Medical Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

Medical History (please check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Alzheimer's disease | <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"/> 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 |

Current Medications:

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 write their name and number below and we will try, but cannot guarantee, to pair you together. Be sure they complete the appropriate application as well!

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

Friend's Name: _____ Phone: _____ Veteran/Assistant

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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: _____

Please describe your involvement with VetsRoll.org and why you would make a great addition to the VetsRoll.org team:

VetsRoll, Inc® Mission

*The American Veteran is one of our greatest treasures - the men and women, who answered our nation's call, especially at times of our greatest need. At VetsRoll, Inc® our mission is to provide
CLOSURE*GRATITUDE*RESPECT
to America's senior-most Veterans for the incredible sacrifices they have made in the name of freedom!*



For more information: www.VetsRoll.org OR E-mail us at Mark@VetsRoll.org OR 'Like' VetsRoll.org on Facebook
Phone: 815-389-9630 (Mon-Sat) 11 am to 3 pm (CT) or call Mark at 608-207-8319
VetsRoll, Inc® is a Wisconsin Non-Profit Corporation & an IRS 501(c)(3) Public Charity

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 are 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 1st of the trip 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[®] 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 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[®].
- 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 attend to 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.**
- 12) **We encourage you to engage our Heroes in conversation. However, please remember that the conversation is about them.**
 - * **Be a good listener and do not dominate conversations or speak about yourself**
 - * **Respect their privacy...they are adults and we are not babysitters...allow private time to reflect**
 - * **Do NOT partake in conversations of race, sex or politics**
 - * **Always thank them for sharing their memories with you**
 - * **Be respectful of opinions that are different than yours**
 - * **Remember that conversations may not be "politically correct"**
- 13) 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.
- 14) **Completing this application is *not* a guarantee that you will be selected to be a part of the Medical Team or as an Assistant.**
- 15) Exceptions will be discussed and granted solely by the VetsRoll, Inc[®] Board of Directors.
- 16) Every participant on a VetsRoll trip is a volunteer...RESPECT other volunteers and help them if needed.
- 17) **Every Assistant is required to view the Assistant Training video, to familiarize themselves with our expectations:**
 - a. <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.

Applicant's Signature: _____

Date: _____