

## **Mission: Veterans to Washington, DC.**

### **Volunteer Application**



**Who:** individuals who would like to serve on this committee to help make it possible for these veterans to travel to Washington DC to see the war memorials.

**What:** Opportunities to serve with others, who raise funds, distribute literature, plan and coordinate with businesses and agencies to make this trip possible. Not everyone travels with the veterans because of job conflicts, family obligations etc, not everyone goes on every trip. However, you can still help out with activities (departure ceremony, reception ceremony, decorating at the dinners, etc.).

**When:** varies – Meeting throughout the year to prepare for the annual trip.

**Why:** Each trip is a huge undertaking, the safety and comfort of the veterans is our primary concern. It takes a lot of people to put this on we must maintain a committed, caring and talented pool of volunteers to continue to serve them.

**How:** The 520-mile trip to Washington, DC will begin with an early Friday departure from Bellefontaine. Upon arrival in Washington, all group members will be checked into their rooms and given time to prepare for dinner and the evening's activities. After breakfast on Saturday the group will depart for Arlington National Cemetery and the Tomb Of The Unknowns followed by visits to the Seabees Memorial, the US Air Force Memorial, the Marine Corp War Memorial (also known as the Iwo Jima Memorial), the Korean War Memorial, the Viet Nam War Memorial and to the World War II Memorial. That day will end with dinner and camaraderie. On Sunday after breakfast, the group will leave for home. Throughout the trip, there will be regular stops for rest and mid-day lunches. Trip expenses will be collected from donations by local organizations and individuals from around Logan County. Our corps of able-bodied guardians, volunteers and medical personnel will accompany the veterans throughout the trip to ensure that all veterans and/or companions with special needs receive dignified assistance. Top priority will be given to taking as many WWII veterans as can be managed with an appropriate number of volunteer guardians.

**What Can You Do To Help?** Spread the word informing everyone about our mission. Commit to becoming part of the team and fill out this application.

#### **Questions can be directed to:**

Scott Stewart  
937- 407- 6766

#### **Applications should be mailed to:**

Veterans to DC  
PO Box 516  
DeGraff, Oh 43318

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This "Veterans to DC" wouldn't be successful without the generous support of our Volunteers who play a significant role on this trip, ensuring that every Veteran has a safe and memorable experience. **It is very important that Volunteers remember that the priority here is the Veteran, so "personality issues" that take the spotlight away from these Heroes will not be tolerated. If this becomes a problem, then maybe this mission is not for you.**

**Volunteers are responsible to pay their own way. Currently this fee has been set at \$250.00. Volunteers are expected to actively participate as a member of at least TWO committees – one of which is fundraising.**

For Further Information, Please Contact Scott Stewart @ 937-407-6766.

**(Please Print All Information – If Necessary, Use Additional Pages to Complete)**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address (House Number & Street): \_\_\_\_\_

Address (City, State & Zip code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_

Are You A Veteran? If So, Please Indicate Your Branch Of Service, Rank And Dates Of Service:

\_\_\_\_\_

Why Are You Volunteering For The Mission To DC?:

\_\_\_\_\_

Please list any prior volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

**Please List One Personal Reference:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please List One Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**GENERAL QUESTIONS THAT WILL HELP US PLAN FOR MEDICAL CONDITIONS AND VOLUNTEER ASSIGNMENTS.**

Medical information provided will not disqualify you, but it permits us to assess the support we need to provide during the trip. Information is for accompanying medical personnel only. Please note that you will be required to climb up and down short flights of steps on and off buses. If you have medical issues, please consult with your doctor. (CIRCLE YOUR ANSWER)

1. Are you capable of Pushing a Veteran in a Wheelchair up a Slight Incline: Yes No

2. Can You Lift 100 Pounds (OR CLOSE)? Yes No

3. Please Note Any Medical Experience You May Have (EMT, CPR, Paramedic, Etc)

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

4. Please identify any physical disabilities, restrictions and/or medical conditions that would limit your ability to fulfill the duties of a guardian on the trip. (Note: you can still participate on one of the other committees.)

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

5. Please list any professional talents or other skills or certificates you have that would be useful to the committee (e.g a commercial cdl for a school bus, photography skills, media relations skills, computer competency, etc.):

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

6. Please List The Medications You Are Presently Taking And How Often You Take Them:

Name of Medication	Take how often?	Pharmacy	RX #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Shirt Size: S M L XL XXL XXXL 4XL 5XL (Circle ONE)

Please Review Carefully and Sign:

The Undersigned Acknowledges and Agrees That:

- 1) As photographic and video equipment are frequently used to memorialize and document trips and events, my image may appear in a public forum such as the media or a website, to acknowledge, promote or advance further Veterans to DC. I hereby release the photographer and Veterans to DC organizers from all claims and liability relating to said photographs. I hereby give permission for my images captured during Veterans to DC activities through video, photo or other media to be used solely for the purposes of Veterans to DC promotion
- 2) I acknowledge that I have reviewed this application and that the information provided is true and accurate. Further, the undersigned does release and hold harmless Veterans to DC, it's committees, members, agents, successors and assigns from any and all actions, claims or damages for any personal injuries or property damages which may occur in the course of or during this trip or any of its activities

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

For Further Information, Please Contact Scott Stewart @ 937-407-6766.

Mail Completed Application to:

Veterans to DC  
PO Box 516  
DeGraff, Oh 43318