



# APPLICATION

**Event Date: October 14, 2022**

**Application Deadline Date: September 1, 2022**

The *Mission to Honor Veterans* event recognizes American veterans for their sacrifices and achievements by providing them a virtual tour to “visit” their memorial at no cost. To participate in the *Mission to Honor Veterans* event, please fill out the following form so we can provide you with the best possible care and experience. If accepted into the program, you will receive a letter of confirmation and a *Mission to Honor Veterans* “ticket” for the virtual tour and program.

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (if applicable) \_\_\_\_\_

**T-Shirt Size:** ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

## Emergency Contact for Day of Event

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

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

## Military Service History

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Hometown when Entering Service \_\_\_\_\_

Circle your Final 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

A squad leader will be assigned to each attendee for the day. Your squad leader will be a fellow veteran who will coordinate activities before and 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 need for personal assistance.

Will you require a personal caregiver? ☐ Yes ☐ No

Personal Caregiver's Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Family Members

Family members are welcome to wait in our Standby Lounge, but are not allowed to participate with their veteran.

# COVID-19 Policy

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. Each person should understand and recognize that these protocols may change with little or no advance notice. In order to participate in the event, you will be required to provide a vaccination card showing you are fully vaccinated, or you must provide a negative COVID-19 test result that is not more than 48 hours old at the time of the event.

## Limitations

*By signing below, I understand that all medical insurance and liability is assumed by each participating person. The Mission to Honor Veterans Committee does NOT provide medical care. I understand and accept responsibility for any illnesses or injuries incurred while participating in the Mission to Honor Veterans activities.*

Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable:

Personal Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_

*I hereby give permission for my images to be taken during the Mission to Honor Veterans Event through video, photo or other media to be used solely for purposes of the Mission to Honor Veterans promotional material and publications and waive any rights or compensation of ownership thereto.*

Veteran's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward the completed form to:**

### **Mission to Honor Veterans**

Phoebie Carcot  
C/O Prairie City Landing  
645 Willard Drive, Folsom CA 95630  
Phone (916) 458-0303  
Email: [pcarcot@prairiecitylanding.com](mailto:pcarcot@prairiecitylanding.com)

FOR STAFF USE: Name \_\_\_\_\_ Date Received \_\_\_\_\_