

Veteran Application

The Northeastern Honor Bus Project transports military veterans to Washington, D.C. to see their memorial(s) at no cost to the veteran. The 23rd Honor Bus trip, sponsored by Northeastern High School and our respective communities in gratitude for your sacrifice for our freedom, is scheduled for **Saturday, November 16, 2024**. We are currently accepting applications for any and all veterans, regardless of rank & when or where (state-side or deployed) they served. This trip is first come, first served, and for veterans only. (Sorry, non-veteran spouses.)

Adult “guardian” volunteers, students, and medical professionals travel with veterans on every bus, ready to provide assistance and support so each veteran has a memorable, rewarding, and safe experience. Please contact us at (717) 356-0979 for further information. **All applications should be submitted by Saturday, November 2, 2024.** Thank you.

PLEASE PRINT

| | | |
|---|--|-----|
| NAME <i>first and last, as it appears on your photo ID</i> | | AGE |
| PREFERRED NICKNAME | | |
| MAILING ADDRESS | | |
| PHONE NUMBER | | |
| T-SHIRT | S / M / L / XL / 2XL / 3XL / I already have a shirt <i>If you've already received one from a previous trip, please wear it.</i> | |

SERVICE HISTORY

BRANCH OF SERVICE: Army Navy Marine Corps Air Force Coast Guard

RANK: _____

YEAR DISCHARGED: _____ CONFLICT: _____ (WWII, Korean War, Vietnam War, etc.)

EMERGENCY CONTACT INFORMATION (someone available on the day of trip)

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Is this person legal power of attorney for you? YES / NO

ALTERNATE CONTACT (someone else available on the day of trip):

Name: _____

Phone Number: _____ Relationship: _____

MEDICAL INFORMATION

All information is **confidential**. Your needs will not disqualify you. Medical information is for use by Honor Bus and professional medical personnel who will be accompanying the trip.

| MEDICAL CONDITION | MEDICATION | TIME(S) OF DAY? |
|-------------------|------------|-----------------|
| | | |
| | | |
| | | |
| | | |

| | Circle one | Type | Notes |
|--|-------------------|---|---|
| Mobility equipment | Yes / No | Cane / Walker / Wheelchair / Scooter | |
| Drug allergies | Yes / No | | |
| Food allergies or restrictions | Yes / No | | |
| History of seizures | Yes / No | Grand mal / Petit / Other | Date of last seizure? |
| Motion sickness | Yes / No | Controlled with medication? Yes / No | |
| Breathing problems | Yes / No | | |
| Home nebulizer machine | Yes / No | | STRONGLY encouraged to discuss the use of portable hand-held nebulizers needed on the trip with your private physician. |
| Oxygen | Yes / No | | Please have your physician write a prescription for oxygen and have a portable oxygen canister with you. |
| Equilibrium or balance issues | Yes / No | | |
| Low vision, blindness, or other sight limitations | Yes / No | | |
| Reduced hearing | Yes / No | | Do you wear hearing aids? Yes / No |
| Open head wound | Yes / No | | Have you traveled with injury? Yes/No |
| Urostomy or colostomy bag | Yes / No | | |
| Able to walk without assistance (approx. 100 yards) | Yes / No | | |
| Able to climb 3-4 steps to board bus (with assistance) | Yes / No | | |

BUS

Bus lists are predetermined and prepared prior to the trip. If you and another veteran(s) have signed up to go on the trip together, please list the names below so we can put you on the same bus and avoid changes the morning of the trip.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. Photography and video equipment will be used to memorialize and document ***Honor Bus*** trips and events. Individual or group images may appear in a public forum such as on social media or our website to acknowledge, promote, or advance the work of the ***Honor Bus***. I hereby release the photographer, ***Honor Bus, sponsoring agencies, and Northeastern High School*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Bus*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Bus*** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further acknowledge that medical insurance is the responsibility of the veteran and I understand that ***Honor Bus*** does **NOT** provide advanced medical care. I understand that I accept all risks associated with travel and other ***Honor Bus*** activities and will not hold ***Honor Bus nor Northeastern High School*** responsible for any injuries incurred by me while participating in the ***Honor Bus*** program.

SIGNED: _____

DATE: ____/____/____

Please mail this form to:

Honor Bus Project
C/O Northeastern High School
300 High Street
Manchester, PA 17345

For additional information or questions:

Facebook: Northeastern Honor Bus
Email: northeasternhonorbus@gmail.com
Phone: (717) 356-0979