## **HONOR FLIGHT - TOP OF VIRGINIA**

Saluting Our Heroes; Inspiring Our Youth
Serving the Veterans of the Shenandoah Valley and Beyond.

### **2021 Trips**

Mission #10 - Winchester, VA - September 18, 2021 Mission #11 - Harrisonburg, VA - September 25, 2021 Mission #12 - Loudoun County, VA - October 9, 2021



Honor Flight - Top of Virginia a hub of the Honor Flight Network created solely to honor America's veterans for all their sacrifices. We transport our heroes to Washington, D.C. to visit and reflect at their memorials. Top priority is given to the senior veterans — World War II, Korean & Vietnam Veteran survivors, along with those other veterans who may be terminally ill. We are currently accepting applications from any Veterans who served prior to 1975.

**VETERANS:** Honor Flight – Top of Virginia (HFTOV) recognizes our World War II, Korean & Vietnam Veterans for their sacrifices and achievements by taking every World War II, Korean & Vietnam Veteran who has not visited the Memorials (and is able to travel) on a charter bus day trip to Washington, DC. We are currently accepting applications from World War II, Korean & Vietnam Veterans, and terminally ill Veterans from all wars. We will escort World War II, Korean & Vietnam Veterans on a space-available basis to the Memorials during our trips, so we are also encouraging those Veterans to complete and send in an application.

Space is limited and applications are processed on a first-come, first-served basis. Please submit your application (see *Veteran Form* Attached) as early as possible. If you are unable to make the trip on the next scheduled date, you may request to be continued on the list for the next trip. There is ABSOLUTELY NO COST for the veterans; please consider this a small token of appreciation from all of us.

For further information, please contact us via e-mail at <a href="http://www.honorflight-tov.org">honorflight-tov.org</a>. by phone at 540-692-9197, or you can visit our website <a href="http://www.honorflight-tov.org">http://www.honorflight-tov.org</a>.

GUARDIANS: Honor Flight – Top of Virginia (HFTOV) cannot be successful without the efforts and support of our Guardians (see "Guardian Form" Attached). They play a critical role to ensure every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans from the time of departure until their return. Guardians must be between the ages of 18-65 and in good health. Communications is exclusively by email, so Guardians must provide an email address that they monitor frequently.

Being a guardian is a great way for a family member to connect with a parent or grandparent and learn about a special time in the life of your loved one. A time which often has not been an easy conversation.

HFTOV cannot know how many guardians will be needed for any specific trip until all the applications from Veterans are in and we can begin matching Veterans to the most qualified guardians. You may check our website or email us at any time to determine the date of the next scheduled trip. Guardians selected to go on specific trips will be notified as soon as possible but will usually be contacted approximately four weeks prior to the scheduled date.

For further information, please contact us via e-mail at honorflighttov@gmail.com, by phone at 540-692-9197, or you can visit our website http://www.honorflight-tov.org.

| HFTOV Use Only: | Last Name | Date Received: | Application Number: |  |
|-----------------|-----------|----------------|---------------------|--|
|                 |           |                |                     |  |



# **Veteran Application**

| City:                              | State:   | Zip:          |                       |
|------------------------------------|--|---------------|-----------------------|
| Phone (Home):                      | Phone (Cell):  | Age: Weight:  | Male Femal            |
| E-mail Address:                    | (Please <b>Print</b> Ema   |               |                       |
| Shirt Size: S MLXL                 | XXL XXXL   |               |                       |
| Service History World War I        | I Vet Korean War Vet   | Vietnam Vet   | Other                 |
| Branch of Service:                 | Rank: Date:  | s of Service: |                       |
| Activity during the War:           |  |               |                       |
| <del></del>                        |  |               |                       |
| T                                  |  | 1             |                       |
|                                    | ne available by phone the day you trave  |               |                       |
| Name:                              | R  | elationship:  |                       |
| Address:                           |  |               |                       |
| City:                              | State:   | _ Zip:        |                       |
| Phone (Home):                      | Phone (Cell  | ):            |                       |
| E-mail Address:                    |  |               |                       |
| Is there a Guardian that you w     | vould like to accompany you on this trip   | ? Name:       |                       |
| 10.74                              | NOT be their Guardian but other family<br>an guidelines (under 65 years of age and | 5             | Guardians must submit |
| N.C. Jin J. Information in faul II | FTOV volunteer medical personnel only.   |               |                       |
| Medical: Information is for Hi     | allergies vou may have   |               |                       |
|                                    | allergies you may have:  |               |                       |
| Drug Allergies: List any drug      | anergies you may have:   |               |                       |

#### Please Review Carefully and Sign:

Middletown, VA 22645

The undersigned acknowledges and agrees that:

- 1. As photographic and video equipment are frequently used to memorialize and document Honor Flight Top of Virginia trips and events, my image and name may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the Honor Flight Top of Virginia program. I hereby release the photographer and Honor Flight Top of Virginia from all claims and liability relating to said photographs. I hereby give permission for my name and my images captured during Honor Flight Top of Virginia activities through video, photo, or other media, to be used solely for the purposes of Honor Flight Top of Virginia promotional material and publications and waive any rights of compensation or ownership thereto. Media coverage is the best way for us to promote the program to other veterans. This coverage may include the names of participants. I hereby release the use of my name for this purpose unless I provide written restriction prior to the trip.
- 2. I further state that medical insurance is my responsibility and I understand that Honor Flight Top of Virginia does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Top of Virginia activities and will not hold Honor Flight Top of Virginia responsible for any injuries incurred by me while participating in the Honor Flight Top of Virginia program.

#### COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

If I, my heirs, administrators, executors or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit, I agree, for myself, my heirs, administrators, executors, and assigns to indemnify the Honor Flight – Top of Virginia organization for all damages, expenses and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight – Top of Virginia activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight – Top of Virginia organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight – Top of Virginia organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight – Top of Virginia organization which is caused by my simple negligence.

I further understand that the term Honor Flight – Top of Virginia organization includes the national non-profit organization known as Honor Flight, Inc., any officer, agent and/or employee thereof.

| as Honor Flight, Inc., any officer, agent and/or employe | e thereof. |   |
|--|------------|---|
| Signature:   | Date:      | _ |
| Please sign, date, and mail this form to:                |            |   |
| Honor Flight – Top of Virginia                           |            |   |
| PO Box 163   |            |   |

| HFTOV Use Only: La | ast Name | Date Received: | Application Number:  | _ |
|--------------------|----------|----------------|--|---|
|                    |          |                | The state of the s |   |



## **Guardian Application**

Honor Flight – Top of Virginia (HFTOV) would not be successful without the efforts and support of our Guardians. They play a critical role to ensure every Veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the Veterans from the time of departure until their return. Guardians must be between the ages of 18-65 and in good health. Communication is exclusively by email, so Guardians must provide an email address that they monitor frequently.

HFTOV cannot know how many guardians will be needed for any specific trip until all the applications from Veterans are in and we can begin matching Veterans to the most qualified guardians. You may check our website or email us at any time to determine the date of the next scheduled trip. Guardians selected to go on specific trips will be notified as soon as possible, but will usually be contacted approximately four weeks prior to the scheduled date.

For further information, please contact us via e-mail at <a href="https://www.honorflighttov.org">honorflighttov.org</a>, by phone at 540-692-9197, or you can visit our website <a href="https://www.honorflight-tov.org">https://www.honorflight-tov.org</a>.

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|---|---------------------------|-----------------------------|--|--|
| Contact Information:  Name (as it appears on your ID):  |                           | _ Nickname (if applicable): |  |  |
| Address:  |                           |                             |  |  |
| City:   | State:                    | Zip:                        |  |  |
| Phone (Home): Pho   | ne (Cell):                | Age: Weight: Male Female    |  |  |
| E-mail Address:   |                           |                             |  |  |
| Shirt Size: S M L XL XXL XX   | XL                        |                             |  |  |
| How did you hear about Honor Flight – Top of \  | /irginia?:                |                             |  |  |
| Have you ever been an Honor Flight Guardian b   | pefore and when?:         |                             |  |  |
| Are you a Veteran? Yes No   | Are you Active Duty?      | Yes No                      |  |  |
| Branch of Service: R  | ank: Dates of Service     | Ce:                         |  |  |
| Why are you volunteering for Honor Flight – Top of Virginia?  |                           |                             |  |  |
| S   |                           |                             |  |  |
| Emergency Contact (Someone available by   | phone the day you travel) |                             |  |  |
| Name:   | Relationshi               | p:                          |  |  |
| Address:  |                           |                             |  |  |
| City:   | State:                    | Zip:                        |  |  |
| Phone (Primary):  | Phone (Alternate):        |                             |  |  |
| E-mail Address:   |                           |                             |  |  |

| If yes, pleas                 | questing to travel with a specific Veteran? Yes No se list the Veteran's name and phone number. Please coordinate w   | th that Veteran to assure that he/she submits a Veteran   |  |
|-------------------------------|---|---|--|
| application                   | n. Spouses may not serve as guardians. Veteran applications can be  | downloaded from our website.  |  |
| Veteran's N                   | lame  | Phone Number  |  |
| Are you able                  | e to push someone in a wheelchair throughout the day? Yes   | No  |  |
| Please list a<br>Also, please | ny physical disabilities, restrictions and/or medical conditions that e list any prescription medications you are currently taking:   | would limit your ability to perform the duties of a Guardian  |  |
|                               |   |   |  |
| Please list a                 | any medical education, certifications or experience you may h   | ave (e.g. EMT, Paramedic, RN, CPR, etc.):   |  |
| PLEASE F                      | REVIEW CAREFULLY AND SIGN:  |   |  |
| The unders                    | signed acknowledges and agrees that:  |   |  |
| 1.                            | As photographic and video equipment are frequently used to Top of Virginia trips and events, his/her image may appear is website, to acknowledge, promote or advance the work of It hereby release the photographer and Honor Flight – Top of to said photographs. I hereby give permission for my images activities through video, photo, or other media, to be used a Top of Virginia promotional material and publications, and wownership hereto. | n a public forum, such as the media or a  Honor Flight — Top of Virginia program.  If Virginia from all claims and liability relating  Is captured during Honor Flight — Top of Virginia  Isolely for the purposes of Honor Flight —  Waive any rights or compensation or |  |
| 2.                            | I understand that medical insurance is the responsibility of the guardian (myself) and I agree to indemnify and hold harmless <b>Honor Flight – Top of Virginia</b> , its agents, sponsors, volunteers, and Board of Directors, from any and all liability arising out of or in consequence of, or injury sustained as a result of, any activity connected with myself or family members while participating in the Honor Flight Program.             |   |  |
| 3.                            | I understand and agree that I may be held liable for any dar<br>organization which is caused by my gross negligence, willfu<br>damages or loss to the <b>Honor Flight – Top of Virginia</b> orga  | Il misconduct, dishonesty or fraud and for limited  |  |
| 4.                            | I understand that the term <b>Honor Flight – Top of Virginia</b> organization known as <b>Honor Flight Network</b> ., any officer,  | organization includes the national non-profit   |  |
|                               | SIGNATURE   | DATE  |  |

Please print, sign, date and mail this form to:

Honor Flight — Top of Virginia P.O. Box 163 Middletown, VA 22645