



## Veteran Agreement with Everyone For Veterans

Everyone For Veterans (E4V) endeavors to arrange opportunities for civilians, businesses, and individuals to give back to United States veterans who were deployed to foreign wars and are presently in financial need, and to spouses that share the same household as the veteran(s). We are honored to assist you. Please note that program qualification is determined at the sole and exclusive discretion of Everyone for Veterans. In order to best serve you, please agree to the following:

1. **Cancellation policy.** I agree to be on time for all scheduled meetings and appointments. Not showing up for any scheduled meeting (whether in-person or virtually) or appointment without giving E4V and/or the volunteer prior notice WILL disqualify me from the program(s).

2. **Communications.** When I initially meet, or go to an appointment, with a volunteer for the first time, I acknowledge that I will be required to show a photo ID. Failure to return phone calls promptly (within a week) and report any changes in my contact information with E4V will disqualify me from the program(s).

3. **I understand and agree that** (a) individuals and businesses who assist me are strictly volunteers (other than E4V administrative staff) who wish to help me with various projects as may be agreed to by the volunteer(s) and me from time to time (such as assistance in obtaining food or other essential needs as part of the Wingman Program, or assistance in coordinating dental care under the Dental Program), and the volunteers may terminate their assistance at any time and for any reason without further obligation; (b) no person has made any representations or warranties to me of any particular outcome; (c) if there is no one available to provide me with assistance, there will be no liability or obligation on the part of E4V or any of its volunteers; and (d) if I have a crisis or emergency, I should go to the emergency room or call the crisis line at 1.800.273.8255; (e) I will not solicit any funds or loans from any volunteers, or any other volunteer assistance, except through E4V.

4. **The Wingman Program** may involve assistance with various goods or services. If E4V decides that I am a candidate to receive assistance under the Wingman Program, and if I elect to participate, then I further understand and agree that; (a) when and as requested, I will report to E4V the full extent of assistance received by me; and (b) in all communications, correspondence, or emails with the volunteer, I will be courteous and respect her or his privacy.

5. **The Dental Program** will coordinate with a volunteer dental professional in my area. (a) Specifics of what will be included in my unique treatment will be determined between the volunteer dental professional and myself. There may be a nominal fee for dental lab costs. (b) The dental program emphasizes good oral hygiene so you can continue to maintain the health of the dental care provided. **E4V Strongly recommends regular cleanings to preserve**

**the dental work that will be provided.** (c) I understand that these subsequent cleanings and follow-up visits are not included within my donated dental care plan and they are my responsibility. (d) I understand that I may be referred to a dentist that is located up to 60 miles from my residence. If I decide not to accept the dentist that I am referred to, E4V will not be able to assist me, unless I have a documented disability that creates a barrier.

6. **Survey** I understand and acknowledge that E4V requires that I complete a short survey after my care has been completed. I recognize that the feedback I provide is crucial to understanding how E4V and their partnering providers can improve services. This will help E4V continue to provide services and support to other combat veterans in the future.

7. **My Annual Household income** for the previous calendar year was \_\_\_\_\_ My annual household income year to date is \_\_\_\_\_ and all of my statements to E4V in my telephone interview are true and accurate. This includes my period of military service, status, and current living situation. This income statement includes the income of my spouse if we share the same household.

8. **I represent and agree** that all of my statements and responses to any E4V staff conducting such an interview, will be true and accurate. This includes, without limitation, my period of military service and status, and the date of, and reason for, my discharge.

9. **I consent** to disclosure of my past military history, present conditions and circumstances, and personal health information to facilitate my referral to a volunteer and to provide assistance to me.

10. This agreement will be interpreted and governed in accordance with the laws of the state of Washington, without reference to its conflicts of laws rules. Exclusive jurisdiction will be in the state and federal courts located in King County, Washington, with respect to any claim relating to this agreement.

**BREACH OF AGREEMENT**

I agree that all statements above are true and accurate and that I will comply with the terms and conditions of this agreement. I agree to abide thereby and understand that if I fail to do so, I may be disqualified from obtaining any further assistance, at the option of Everyone for Veterans, in addition to any other rights and remedies available at law (civil and criminal) which Everyone for Veterans may pursue. By signing below, I am indicating my agreement with and acceptance of the terms outlined above

I will separately agree to and sign the General Release below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

General Release

In consideration of Everyone For Veterans (E4V) efforts to refer me to volunteers in connection with the programs described above, for myself and for my heirs, legal representatives and successors and assigns, I hereby expressly RELEASE AND DISCHARGE EVERYONE FOR VETERANS, and all E4V donors, volunteers, staff, officers, directors, and affiliates, including insurers, from any and all claims, demands, damages, liabilities, and causes of action (collectively, "Claims") that I have at this time or which I may have in the future, including without limitation Claims for personal injury (including death) and property damage.

This General Release does not waive actual claims of malpractice directly against a health care volunteer arising out of professional work provided after the date hereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name