**2020 Revisit Korea Family Application Form**

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|  **Serviceman’s Name:** | DOB: |  Service Branch: (Army, Navy, Marines, Air Force) |
| **Status (MIA/KIA):** | Date of Loss: |  Service Number: |
|  Unit:  |  Rank: |
|  Place of Loss: |
| **Your Full Name on passport: (Include: Mr/Mrs/Ms)** | Relationship to the Serviceman: |  Date of Birth: |
| Address:  |
| Email:  | Phone Numbers | H:C: |
| Passport Number:  | Expiration Date:  |
| Your Military Service: (Branch, Rank, Active/Reserve//Retired) |
| Has your family been awarded Ambassador for Peace Medal by the MPVA? (Yes/No) |
| **Companion’s Full Name on passport (Include: Mr/Mrs/Ms)** | Relationship to PNOK: | Date of Birth: |
| Address: |
| Email: | Phone Numbers | H:C: |
| Passport Number: | Expiration Date: |
| Your Military Service: (Branch, Rank, Active/Reserve//Retired) |

**Please send completed form to** **rokmiakiafamilies@gmail.com**

**or**

**Mail to Heroes Remembered, LLC, 12321 Ashcroft Dr, Houston, TX 77035**

**Individual Emergency Contact and Medical History Form**

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| **Serviceman’s Name:**  |
| Your Name: | PNOK or Comapnion: |
| Emergency Contact Name:Email:Phone: H: C: |
| Use cane or walker?  | Need a wheelchair on standby?  |
| Major Illnesses: |
| Medication Allergies: |
| Food Allergies: |
| Dietary Restrictions: |
| Respiratory problems/ Need or use oxygen? |
| Blood Type: |
| **MEDICATIONS***: Please bring your medications in their* ***original bottles*** *and**pack in your CARRY ON luggage*. |
| Medication: | Dosage: | Reason: |
| Medication: | Dosage: | Reason: |
| Medication: | Dosage: | Reason: |
| Medication: | Dosage: | Reason: |
| Medication: | Dosage: | Reason: |
| Medication: | Dosage: | Reason: |
| Are there any other medications, illnesses, or health concerns (Continue on separate sheet if necessary)? |

**Family Comments**

**Please share your valuable comments on the below questions about your family’s service and experience during and after the Korean War.**

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| Please describe your serviceman’s major battle(s) during the Korean War and/or more detailed circumstances of his loss. |
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| Do you have any special story related to your family’s participation/experience in the Korean War? |
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| How do you feel about visiting Korea for the first time (or once again if you’ve been there before)? |
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**THE MINISTRY OF PATRIOTS AND VETERANS AFFAIRS**

**RELEASE AND WAIVER OF RESPONSIBILITY AGREEMENT**

**We, the undersigned, by accepting the invitation of the Ministry of Patriots and Veterans Affairs (MPVA) of the Republic of Korea to participate in the 2020 Revisit Korea Program, agree to the following terms and conditions:**

The MPVA shall not become liable or responsible in any way in connection with any means of transportation or other services, or for any loss, injury or damage to, or in respect of, any person or property howsoever arising, nor be responsible for damages arising from the default of a tour operator/carrier, lost/damaged baggage, trip cancellation, bad weather, natural disaster or other acts of God.

We agree to purchase a medical travel insurance policy covering possible accidents and emergency medical care and treatments while in South Korea.

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| **Serviceman’s name:** |

**Primary Next of Kin**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Companion**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to Collection and Use of Personal Information**

\* Please read the following and sign your initials in the boxes provided if you agree.

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| **Serviceman’s name:** |

**1. Collection and Use of Confidential Information**

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| **[Collection of Personal Information]** For the purpose of managing veterans who participate in the Revisit Korea Program, the MPVA collects personal information as follows: name, date of birth, address, contact details, passport number, military unit and rank, photo and health condition**[Use of Personal Information]**The MPVA uses the information you provide for: ○ Program Operations and Management- Revisit Korea Program schedule coordination and veterans' health conditions checks- other programs carried out to honor veterans' sacrifices and dedication ○ Registration and Management of Veterans**[Retention Period of Personal Information]**○ All documents containing personal information are destroyed as soon as it is reasonable to assume that the purpose for which personal information was collected is no longer being served by retention of the personal information, except such personal information as follows: - name, date of birth and address - retention period: permanent***- purpose: to eliminate veterans who have already participated in a Revisit Korea Program from the list of invitees for the next program*****[Right to Refuse to Consent]**If you do not want to provide your personal information, the MPVA will not collect it. **However, if you do not agree to this agreement, you cannot join the program.** |

**2. Consent to Processing of Sensitive Personal Information**

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| The MPVA processes sensitive personal data (health conditions including diseases and mediation) for the purpose as follows: - to check veterans' health All confidential information you provide is used for only purposes for which it was collected, and will not be used for other purposes without your prior consent.  |

**3. Consent to Processing of Personal Identifying Information**

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| The MPVA collects personal identifying information (passport number) for the purpose of using it for Revisit Korea Program-related services as follows:- flight ticket reservation - hotel reservation  |

**4. Consent to Sharing Personal Information with Third Parties**

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| The MPVA shares personal information you provide with the contracted travel agency and hotel assisting the Revisit Korea Program team in managing veterans during their visit. 1. Third parties: travel agency and hotel2. Shared information: names, passport numbers, contact information3. Purpose: management of visiting veterans4. Retention period of shared personal information: only during the visit of veterans (after the program, all documents containing personal information will be destroyed) |