



**RED ROSE VETERANS
HONOR GUARD**
Of Lancaster, PA
Honos Officio Fidelis
Honor For Faithful Service

RRVHG USE ONLY

Date Joined RRVHG (Mo/Yr): _____
Submitted copy of DD214 or Discharge
Indicate which: _____

RRVHG MEMBERSHIP APPLICATION

[A] Name (Last, First): _____ Home Phone: _____
(Please block print)
Nickname: _____ Work Phone: _____
Street: _____ Cell Phone: _____
City/State/Zip: _____ Fax: _____
Email 1: _____ Email 2: _____
Spouse's Name: _____ Nickname: _____

Military Service: YES NO **Retired:** YES NO **Presently Active:** YES NO
If "yes" to any of the above questions, please complete Section [B].

[B] Service Branch: _____ Highest Rank: _____ Years Served: _____
Honors/Ribbons/Awards (List additional information on back of form): _____

[C] **Employment** – Company you work for or retired from: _____
May you be called at work for Honor Services? YES NO DON'T KNOW

[D] **Special Skills** (Buglers are always needed): _____

The completion of this Membership Application form indicates that you are an adult and willing to create a military presence for the purpose of according Military Honors to deceased, active duty, retired, and honorably discharged veterans when requested and when it is suitable to your schedule of commitments. You indicate that you will actively participate in training exercises for folding and presentation of the Flag of the United States and for casket guarding during viewings and memorial services. You agree that when appearing for rendering Military Honors you will wear a regulation military uniform, or a civilian uniform prescribed by the RRVHG. You agree to maintain your uniform to ensure that it appears neat and clean and your personal grooming is within military guidelines. Uniforms that are paid for by the RRVHG become the property of the RRVHG and shall be returned to the RRVHG whenever a member no longer desires to participate in services. You understand that membership is voluntary and a privilege and is maintained by actively participating in a minimum of six funerals or casket guards per year, training exercises, monthly meetings, and conducting yourself in a professional military manner.

Applicant's Signature: _____ Date: _____

Mail copy of completed form to Membership Chairman, RRVHG, P.O. Box 8601, Lancaster, PA 17604-8601.