



Participant Application*

If you are a disabled veteran who wishes to take advantage of a Healing The Heroes outdoor recreational event, please complete the following confidential application below. To help us best meet your needs, please print and fill out as much of the application as you can. If a question does not apply to you, please write N/A. Your information will be kept within Healing The Heroes and classified "Need to Know." Mail it to

***Indicates required fields. You must answer each of these**

1. Last Name* _____

2. First Name* _____

3. Home Address, City, State and Zip Code*

4. Cell Phone* (preferred) _____

5. Email Address* _____

6. Date of Birth* _____

7. Shirt Size* (Yours 1st - Accompanying Spouse's 2nd) _____

8. Gender* (Circle One) Male Female

9. Writing Hand* (Circle One) Left Right

10. How do you describe your physical health?* (Circle One)

Poor Ok Good Great

SERVICE INFORMATION

11. Branch of Service* (Circle One)

Air Force Army Navy Marines Coast Guard Reserve / Guard_

12. Status of Service* (Circle One) Active Veteran

13. Medically Discharged or Honorable or General (Circle One)*

14. Job in the Military* (MOS) _____

15. Theater of Operation. (Circle all that apply.)*

OND OEF OIF Desert Storm Grenada Vietnam Korea WWII
Other

16. Were you a prisoner of war?* (Circle One) Y N

17. Do you have a Valor award?* (Circle One) Y N

18. Have you been awarded a Purple Heart?* (Circle One) Y N

19. Do you have a service-connected disability?* (Circle One) Y N

EVENT INFORMATION

Healing The Heroes offers a variety of adventures from Dove Hunting, Hog hunting to hunting Whitetail Deer. You are sure to find an hunt that suits you. Please choose three hunts in your order of desire, and we will do our best to accommodate you. Please check the website for a listing of available events. If no preference, leave blank.

20. 1st Event Choice

21. 2nd Event Choice

22. 3rd Event Choice

We are always looking for new event ideas. What are your top three dream events?

23. Dream Event 1 _____

24. Dream Event 2 _____

A hunter's safety certification is required in order to hunt with Healing The Heroes if you are 31 years old or younger.

25. Do you have a Hunter Certification?* (Circle One) Y N

26. If yes, what is the certification number?* _____

27. What is the State of issue?* _____

Travel Information

28. List any special considerations you require for travel(ie: wheelchair, service dog)

29. If we have an event in your area, would you like Healing The Heroes contact you?* (Circle One) Y N

Emergency Information

30. Name of Contact Person* _____

31. Relationship with Contact Person* (i.e. Spouse, Parent, etc)

32. Email of Contact Person* _____

33. Cell Phone # of Contact Person* _____

34. Do you need to have a Caretaker or Spouse accompany you during your retreat?* Yes No

35. If Yes, what is the Caretaker's or your Spouse's name?

36. Caretaker Phone _____

37. Caretaker Email _____

Please spend a minute of your time and describe your injuries and related complications, so that we may be able to better prepare for your adventure (ie: left arm amputee, blind, ptsd, etc.).

38. Briefly describe any injuries you may have.* _____

39. Describe any limitations or special conditions: crossbow, no stairs, fear of heights* _____

40. We want to do everything possible to ensure you have a great time with us. If there is any information that we did not ask that you feel is important, please use this space to let us

know. _____

Are there any other veterans that you know may qualify/benefit from an event with Healing The Heroes If so, please give us their name and email or phone number.

41. Referral #1
Name _____

42. Referral #2
Name _____

I affirm that all information given in this application is true. I also authorize the verification of the information provided on this form.

Applicant
Signature* _____

Thank you for taking time to fill out this information. We look forward to meeting you.