



Retreat Application (Full Application)

Please complete this form entirely and return to retreats@operationsecondchance.org and blarson4343@gmail.com.

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Current Military Status: Rank: _____ Branch of Service: _____

- Active Duty
- National Guard
- Reserves
- Other: _____
- Medically Retired
- Honorable Discharge
- Retired
- Care Provider

Date separated from active duty (If applicable): _____

Hometown City: _____ State: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____

Evening Telephone: _____

Email: _____

Current Occupation or MOS: _____

Emergency contact during retreat: _____

Relationship to applicant: _____

Cell phone: _____ Home phone: _____

Please Briefly describe your injuries: _____

Please List any medications you are currently taking: _____

How/Where did you hear about Operation Second Chance? _____



In order for OSC to continue to promote our organization and mission, we would like to know if you would be interested in sharing your story and be recognized as a hero on our website. Please indicate if you would be willing to share your story?

Yes _____ No _____

Please indicate the theater of operations in which you served overseas (Required):

- OEF (Operation Enduring Freedom)
- OIF (Iraqi Freedom)
- OND (New Dawn)
- Other: _____

Deployment:

Location: _____ Dates: _____

Location: _____ Dates: _____

Location: _____ Dates: _____

Disability Rating (If applicable) _____

Military Treatment Facilities where you received care: _____

Do you have any physical restrictions and/or special needs? _____

Do you have any food allergies/or other dietary restrictions/requirements?

List any additional items you would like us to provide for your use during this trip such as a shower chair, portable crib, etc... _____

Please check any of the below if you have interests you have:

- | | |
|---|--|
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Beach Activities |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Bike Riding |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Aviation |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Attending Sporting Events |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Shooting | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Watching Wildlife |

Have you ever attended a retreat with Operation Second Chance before? If so, please explain when and where: _____



Include additional page(s) if needed

Family members that would also like to attend:

(Add additional pages if needed)

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Full name: _____

Date of Birth: _____

Location: _____

Relationship: _____

Preferred Airport: _____

Please provide a copy of your military or VA ID, disability rating letter, DD214, & a recent picture along with your application. The "Trip Release" below must be signed by each person wishing to attend. Please ensure each person mentioned above completes this form individually.



TRIP RELEASE FORM

I _____,
intends to participate in a "Retreat" where the undersigned recognizes that every effort will be made to obtain handicap accessible accommodations however; there are instances where this may not be feasible. Therefore, during the trip non-handicap accessible accommodations may be utilized.

The Undersigned acknowledges that his/her participation in this Retreat involves certain inherent risks of physical injury, illness and/or loss of personal property.

The Undersigned also affirms all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for denial and/or revocation for all support provided by Operation Second Chance.

The Undersigned by his/her execution of this Trip Release Form hereby releases and holds harmless and forever discharges Operation Second Chance, Inc., its officers, employees, directors, agents, volunteers, and staff from any and all claims, causes of action of whatsoever kind or nature, foreseen or unforeseen, arising from or in any way connected with the Retreat.

The Undersigned further recognizes that if not for his/her execution of this Trip Release Form, Operation Second Chance would not permit his/her participation in the Retreat.

The Undersigned further certifies that he/she is an adult and has read the above Trip Release Form carefully before his or her execution of same and that he/she fully understands its terms.

In witness whereof the Undersigned has put his or her hand and seal on the date written below.

Field Trip Participant

Date

Witness

Date