| C:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfifC:\Users\Georgie\Desktop\2015 FVR LOGO - GIRL.jfif **4th ANNUAL FEMALE VETERAN RETREAT APPLICATION** | | | | |
| --- | --- | --- | --- | --- |
| **Dates of the retreat are: Thursday, Sept. 14th – Sept. 17th, 2017 inclusive. Please PRINT when filling out this application and include a $100.00 check/deposit made out to Female Veterans Unite, (which will be returned to you at the end of the retreat unless you so choose to donate it towards the 2018 retreat)**  **Mail to: 4th Annual Female Veteran Retreat, P.O. Box 5403, Sarasota, FL 34277-5403 DEADLINE IS: June 30th, 2017**  **Please note that you MUST BE completely mobile and able to care for yourself in order to attend this retreat!**  **Email:** [**femaleveteransunite@gmail.com**](mailto:femaleveteransunite@gmail.com) **Website: femaleveteransunite.com Face Book: femaleveteransunite** | | | | |
| **PRINT Name: Last Four:** | | | | |
| **Current address:** | | | | |
| **City:** | | **State:** | | **ZIP Code:** |
| **Phone: Home-** | | **Phone: Cell-** | | **Date of Birth** |
| **Current Occupation:** | | | | |
| **What days do you work?** | | | **E-Mail:** | |
| **Current Military Status:** | | **Rank at discharge:** | | **Branch of Service:** |
| **Date separated from active duty: Type of Discharge:** | | | | |
| Emergency Contact | | | | |
| **Name of a relative not residing with you:** | | | | |
| **Address:** | | | | **Phone:** |
| **City:** | | **State:** | | **ZIP Code:** |
| **Relationship:** | | | | |
| Please “share with us”, if you would like to, anyservice connected disabIlities and/or handicaps | | | | |
|  | | | | |
| additional information | | | | |
| **Do you utilize a service dog?** | **Breed & size: \*Must also provide dog’s license/shot record** | | | |
| **What do you enjoy doing in your down time? Scrapbooking \_\_\_ Coloring \_\_\_ Painting \_\_\_ Exercising \_\_\_ Listening to music \_\_\_\_Dancing \_\_\_\_Volunteering\_\_\_\_** | | | | |
| **Do you require any additional accommodations? Do you mind sharing a room with a Sister Warrior? YES or NO** | | | | |
| **Do you suffer from any allergies?** | | | | |
| **If yes – Please state (i.e. food, drug, etc.)** | | | | |
| what iS most important to you? please rank 1-12 with 1 being most important. | | | | |
| **Healthy Relationships** | | **Family** | | **Child Care & Parenting** |
| **Balance in your Life** | | **Friends** | | **VA Benefits** |
| **Navigating the VA Healthcare System** | | **Job** | | **Education/Career** |
| **Hobbies/Volunteer Work** | | **Anxiety & Depression** | | **MST/TBI/PTS** |
|  | | | | |
| **Organizations that you currently belong to?**  **What are you hoping to gain from this retreat?**  **\*Please legibly PRINT and then sign your name\*** | | | | |
| **Printed Name of Applicant:** | | | | |
| **Signature of Applicant:** | | | | **Date:** |