| 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** **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, any service 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:** |