



12032 Sacred Mtn. Place
Deadwood, SD 57732
Jerrid – 406-891-0024
Lodge – 605-584-5040

All information provided below is considered confidential and for the sole use of Sacred Mountain Retreat Center

Name (as it appears on your government ID card) _____

Address _____ City _____

State _____ Zip Code _____ Phone # _____

Email _____ DOB _____

Sex Male Female Other Marital Status Single Married Divorced Widowed

Rank _____ Branch of Service _____ OIF _____ OEF _____ Other _____

How did you hear about our program? _____

Date you entered the military/law enforcement _____ Date you left the military/law enforcement _____

Are you Employed, Unemployed or Retired _____

Were you injured or wounded during or after your service? If yes please explain _____

Please X all experiences that apply:

- Combat Sexual Assault Relationship Stress Financial Stress
 Child Abuse Domestic Violence Legal Problems Natural Disaster
 Victim of Crime PTSD TBI Workplace Harassment
 Serious illness or death of a loved one Serious or life-threatening illness

Are you currently in or have you ever been in treatment for alcohol or substance abuse? _____ Please explain if yes.

Special Needs:

Food Allergies _____ Handicap bathrooms _____

Certified and Registered Service Dog _____ Other _____

Please tell us your personal goals for attending SMRC. What do you hope to achieve or change as a part of your work in this program?

Please describe why you think this program will benefit you at this point in your life.

Have you participated in any other veteran\first responder programs? _____ If yes, which programs? _____

How did you hear about Sacred Mountain Retreat Center? _____

Participants must commit to being a part of all events, group sessions and meals. We ask you to be on time and respect yourself and other. _____ I agree _____ I do not agree

Do you travel (plane or drive) with a firearm or knife? _____ If yes..Do you agree to turn it in to SMRC upon arrival? _____ I agree _____ I do not agree

Cell phones, laptops and tablets will be left in your rooms during all activities. _____ I agree _____ I do not agree

Emergency Contact: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge. By signing your full name, you are agreeing to the above statements.

Signature

Print Name

Date