



Sacred Mountain Retreat Center Application

Thank you for taking the time to fill out the retreat application. We understand that some information may be very personal and you may be hesitant to share. Our application is intended to gather information about you to ensure the most successful experience during the retreat, so please answer the questions honestly and thoroughly. Please be sure to complete the ENTIRE application, including uploading forms and "your story" document. Application must be complete to be considered for our retreat. **All information provided below is considered confidential and for the sole use of Sacred Mountain Retreat Center.**

About Yourself

Name: _____

As it appears on your Government ID Card.

First

Last

Address: _____

Street Address

City

Zip Code

State

Phone Number: _____ Email _____

10 Digit Phone Number Including Area Code

Date of Birth: ____ / ____ / ____ Sex: Male Female

Marital Status: Single Married In a Relationship Divorced Windowed

Employment Status: Employed Unemployed Retired

About Your Service

Rank: _____ Branch of Service: _____

OIF OEF Other: _____

Date You Entered Military/Law Enforcement: ____ / ____ / ____

Date You Left Military/Law Enforcement: ____ / ____ / ____

Were you wounded during or after your service?: Yes No

Please choose all experiences that apply:

- Combat
- Victim of Crime
- Domestic Violence
- Relationship Stress
- TBI
- Natural Disaster
- Serious Illness or Death of Loved One
- Child Abuse
- Sexual Assault
- PTSD
- Legal Problems
- Financial Stress
- Workplace Harassment
- Serious or Life-Threatening Illness
- Other: _____

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About Your History

Are you currently in or have you ever been in treatment for alcohol or substance abuse? Yes No

Do you have any food allergies? Yes No If yes, please list:

About Your Accommodations

Do you require a handicap-accessible bathroom? Yes No

Do you have a certified and registered service dog? Yes No Other: _____
We welcome service dogs that are well-behaved and groomed prior to attending.

Retreat Center

Please tell us your personal goals for attending Sacred Mountain Retreat Center. 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?

Yes No

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 others.

I agree. I do not agree

Do you travel (plane or drive) with a firearm or knife? Yes No

Do you agree to turn it in to Sacred Mountain Retreat Center upon arrival? Yes No

Our retreats are 100% alcohol, drug and weapon free.

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

How did you hear about us?: Family/Friend Social Media Google Website Other: _____

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Emergency Contact: _____
First Last

Emergency Contact Phone Number: _____
10 Digit Phone Number Including Area Code

Please include the following documents along with your application:

<p>1</p> <p>DD214 if you are a military applicant or Reference Letter for all other applicants</p> <p>Please scratch out any sensitive number information such as Social Security Number and Driver's License Number. Sacred Mountain Retreat Center is not held liable for any of this information if you fail to do so.</p>	<p>2</p> <p>Please Include A Photo Of Yourself</p> <p>We like to put a face to each applicant. Please upload a photo of yourself!</p>	<p>3</p> <p>Please Upload a Document Detailing your Story</p> <p>This can be a word document or something similar telling us who you are and about the time you served. Please tell us about YOU!</p>
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Has all sensitive information been scratched out from the documents uploaded above? Yes No

By saying "yes" you agree that you are not sending us any sensitive numbers such as social security number or driver's license number. You are also agreeing that Sacred Mountain Retreat Center is not liable for holding this information if you provide it to us.

Signature

Signature: _____ Date: _____

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.

Thank you for your application!

Please email your application and documents to info@sacredmtnretreat.org.

Submission of an application does not guarantee you a spot at a retreat. Our advisory committee will review your application and be in touch within 7 to 14 days to set up a phone or Zoom interview with one or more of our team members. If you are chosen to attend one of our retreats, we will be in contact with you 6 to 8 weeks prior to your retreat with further instruction.