

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.**

As it appears on your Government ID Ca	rd. First		La	st	
Stree	t Address	City		Zip Code	State
Phone Number:	t Phone Number Including Area Code	Email _			
Date of Birth: /	/ Sex: ()	Male 🔵 Fem	ale		
Marital Status: 🔿 Single	e 🔿 Married 🔿 In	a Relationship (Divorced	Windowed	
Employment Status: 🔘	Employed Unemployed	Retired			
About Your Service			Dawler		
Branch of Service: OIF OEF Date You Entered the Mi	Other:	_//	Were you wou	nded during or afte	r your servi
Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or Dis	Other: litary/First Responder y/First Responder / _ honorable Discharge,	_//	Were you wou	nded during or afte During O After	r your servi
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Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or Dis and if it Dishonorable	Other: litary/First Responder / y/First Responder / honorable Discharge, e, why'?	_//	Were you wour	nded during or afte During O After	r your servi
Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or Dis and if it Dishonorable	Other: litary/First Responder / y/First Responder / honorable Discharge, e, why'?	_//	Were you wour	nded during or afte During O After wounded?	r your servi
Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or Dis and if it Dishonorable	Other: litary/First Responder / y/First Responder / honorable Discharge, e, why'? ences that apply: Serious Illness o	-// /	Were you wour	hded during or afte During After wounded?	r your serv
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Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or O Dis and if it Dishonorable Please choose all experie Combat	Other: litary/First Responder / y/First Responder / honorable Discharge, e, why'? ences that apply: Serious Illness o O Child Abuse	- / / N	Were you wour	hded during or afte During After wounded?	r your serv
Branch of Service: OIF OEF Date You Entered the Mi Date You Left the Military Honorable or Dis and if it Dishonorable Please choose all experie Combat Victim of Crime Domestic Violence	Other: litary/First Responder / y/First Responder / honorable Discharge, e, why'? ences that apply: Serious Illness o Child Abuse Sexual Assault	- / / N	Were you wour	hded during or afte During After wounded?	r your serv

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About Your History: This information is needed should there be a medical emergency while you are attending a retreat.					
Are you currently in or have you ever been in treatment for alcohol or substance abuse? O Yes No					
Do you have any food allergies? () Yes () No If yes, please list:					
Do you currently take any prescriptions for mental health care? If yes, please list.					
Addiction, are you currently in or have been in treatment for alcohol, substance abuse and/or addiction. If yes, please explain					
Are you actively in treatment/therapy and for what?					
Have you ever had suicidal ideation or an attempt in the last 6 months? O Yes ONo					
Have you been charged with a violent crime? Explain? Felony? Explain?					
Have you been charged with a DUI? How many?					
About Your Accommodations					
Do you require a handicap-accessible bathroom? O Yes O No					
Sleeping issues? C-pap machine, insomnia/symptoms?, night terrors/symptoms? O Yes No					
Do you have a service animal? Yes No					
If you are accepted to attend a retreat, will you be bringing your service animal? O Yes ONo					
Has your service animal been professionally trained? O Yes ONo					
Name, breed and service provided?					
Does your service animal get along with other dogs? Yes No Other humans? Yes No					
If you bring your service animal, do you agree to: grooming prior to attending? Providing service documentation					
and veterinary records? Cleaning up after your dog? Yes No					
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? O Yes No If yes, please list					
Participants must commit to being a part of all events, group sessions and meals. I agree. I do not agree We ask you to be on time and respect yourself and others.					
Cell phones service and wifi is restricted for the first 3-4 days, cell phones, laptops Olagree. Oldo not agree and tablets will be left in your room during all activities.					
How did you hear about us?: O Family/Friend O Social Media O Google O Website O Other:					
Name of name the friend/family member					

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Emergency Contact:					
	First	Last			
Emergency Contact Phone Number:					
	10 Digit Phone Number Inclue	ling Area Code			
Due to limited service, please give your emergency contact the SMRC landline 605.584.5040					

Please include the following documents along with your application:



Has all sensitive information been scratched out from the documents uploaded above? O Yes O 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	
e.g.u.u.e	
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. An Advisory Board member will review your application and be in touch within 7 days to set up a phone and Zoom call interview, with one or more of our team members. If you are chosen to attend a SMRC retreat, we will be in contact with you within 7 days after your interview.