



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

Branch of Service: _____ Rank: _____

OIF OEF Other: _____

Date You Entered the Military/First Responder ____ / ____ / ____ Were you wounded during or after your service?:

During After

Date You Left the Military/First Responder ____ / ____ / ____

Honorable or Dishonorable Discharge, and if it Dishonorable, why?

How were you wounded?

Please choose all experiences that apply:

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

If checked, please explain why, or symptoms:

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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? 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? Yes No

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? Yes No

Sleeping issues? C-pap machine, insomnia/symptoms?, night terrors/symptoms? 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? Yes No

Has your service animal been professionally trained? Yes No

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? 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 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: _____

Name of name the friend/family member _____

