



HUTSFORVETS.ORG

# WELCOME TO HUTS FOR VETS

## A FOUR-DAY, EXPENSE-PAID COLORADO WILDERNESS HUT TRIP – SUMMER 2017

### INTERACTIVE APPLICATION FORM

Name: \_\_\_\_\_ Street Address, City, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Sex: Male Female

Date of Birth: mm / day / yr Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Married: Yes No

Divorced: Yes No Children: No Yes, How many? \_\_\_\_\_ Ages \_\_\_\_\_

Active Duty Dates: \_\_\_\_\_ Service Branch(es): \_\_\_\_\_ Rank: \_\_\_\_\_

Combat Experience: Yes No MOS: \_\_\_\_\_ Deployments: \_\_\_\_\_

Civilian Outdoor Experiences: \_\_\_\_\_

Describe any current or potential physical limitations or required physical aids needed for overnight cabin stay and day hike up to 12,000 feet elevation: \_\_\_\_\_

Describe the reason[s] for your interest in a HFV trip: \_\_\_\_\_

List date preference by numbering the dates below: 1 for first preference, 2 for second, etc.

-July 6-11 [women]      -Aug. 10-15 [men]      -Aug. 24-29 [women]      -Sept. 7-12 [men]

Flexible on dates \_\_\_\_\_

How did you hear about Huts for Vets? \_\_\_\_\_

How do you plan to travel to and from Aspen? \_\_\_\_\_

Will you need financial help with travel expenses? \_\_\_\_\_

Circle your fitness level: Super Fit 10- 9- 8- 7- 6- 5- 4- 3- 2- 1- Couch Potato

Rank your psychological health: At Risk 10- 9- 8- 7- 6- 5- 4- 3- 2- 1- At Peace



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What do you hope to take away from this experience?

What other non-VA veterans programs have you attended?

### HEALTH INFORMATION

Primary Care Physician:

Contact: Phone

Address

#### Additional health care providers [optional]

Phone

Phone

List dietary restrictions:

List your primary supports: Family, Friends, Veterans, Employer, Dr., Other:

### MEDICAL STATUS

List any physical and psychological conditions with diagnosis and current treatment:

List all current prescribed medications: [with frequency of use]

List any substances [drugs/alcohol] for which you have or are currently receiving treatment.

List any substances [drugs/alcohol] you are currently using [including medical marijuana].



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#### DETAILS OF SERVICE

Did you serve in combat?    Yes    No            Time in Combat:

What were your specific combat roles?

In combat, were you physically wounded?    Yes    No

If “yes” please describe:

Were you psychologically injured?    Yes    No

If “yes” please describe:

Did you receive direct or indirect fire?    Yes    No

Did you engage the enemy?    Yes    No

Did you witness death?    Yes    No

Did you witness death of unit member[s]?    Yes    No

Did you witness sever wounding?    Yes    No

Did you witness killing or wounding of civilians?    Yes    No

Were you sexually assaulted?    Yes    No



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HFV confidentiality policy prohibits revealing any information regarding any trip's participants without the written permission of the individual participant. The single exception is in emergencies, in which cases the emergency contact provided by the participant below may be contacted with only the information relevant to the emergency.

### PERMISSION TO CONTACT FORM

Huts for Vets does not provide formal medical or psychological diagnosis or treatment. Emergency physical and psychological care during hut trips will be offered by HFV staff qualified to provide such services. Information regarding physical or psychological matters may only be shared outside HFV staff with written permission from the individual participant.

NOTE: Each participant must provide one emergency contact who the participant agrees can be contacted in the case of an emergency.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship [e.g. family, friend, health provider]

Further, I give permission for relevant medical and/or psychological information about me to be shared with the following additional people:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship [e.g. family, friend, health provider]

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationships [e.g. family, friend, health provider]

My checking 'I Agree' and typing my full name below attests that I understand the procedures and policies described above. I hereby confirm that the emergency contact I provide can be contacted in case of any emergency.

I Agree:    I Disagree:    Participant Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEE SUBMISSION INSTRUCTIONS ON FOLLOWING PAGE**



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### SUBMISSION INSTRUCTIONS

#### REMEMBER TO SUBMIT:

- A copy of your DD 214 Form
- Refundable check for \$100 made to Huts For Vets – returned to you upon arrival in Aspen. This can be waived for those with financial needs.

#### TO SUBMIT ELECTRONICALLY:

- Please SAVE AS with your full-name - THIS SAVES YOUR FILLED OUT FORM
- Email the form to [hutsforvets@gmail.com](mailto:hutsforvets@gmail.com)

#### TO SUBMIT VIA MAIL:

Mail application to: Huts For Vets, P.O. Box 2047, Basalt, CO 81621

#### FOR DIRECT QUESTIONS:

Paul Andersen, Exec. Dir., Huts For Vets  
[hutsforvets@gmail.com](mailto:hutsforvets@gmail.com)  
[970] 366-1321