



WOUNDED WARRIOR PATROL

Application for Wounded Warriors

The Wounded Warrior Patrol is not affiliated or associated with Wounded Warrior Project in any manner and does not receive or share funding with that organization.

This information will be kept confidential and used only by Wounded Warrior Patrol for the selection of applicants or for future communications.

To be considered for the Wounded Warrior Patrol program, please complete the application below.

Applicant Information:

First Name: _____		Last Name: _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Date of birth (enter as m/d/yy): _____		MI: _____	Height (enter in inches): _____		Weight (enter in pounds): _____		
Branch of service (circle): Army Navy Air Force Marines Coast Guard National Guard		Rank: _____	MOS or Specialty: _____		Military Status (circle): Active Duty Inactive Duty Medically/Honorably Discharged Retired		
Address: _____							
City: _____		State: _____		ZIP: _____			
Home Phone (enter as 717.555.1212): _____		Cell Phone (enter as 717.555.1212): _____		Email address: _____			
Date of injury (enter as m/d/yy): _____				Combat Related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe how injury occurred: _____							
Country where injured: _____				Province: _____			
Disability (circle): TBI PTSD Burns Amputation Internal Injury Major Surgery Hearing Impairment Other: _____							
Please further describe disability (i.e. left leg amputated, no use of R arm, etc.): _____							
Special considerations (circle): Wheelchair Cane/Walker Balance Problem Prosthesis Require Handicapped Access Other _____							
If answer to above is "other," please describe: _____							

Interests and Background:

How do you spend your time now? (circle) FT work PT work Home/Child Care Volunteer Work Hobbies FT education PT education Other: _____							
Why are you interested in our event? _____							
Prior to becoming disabled, did you... <input type="checkbox"/> Ski <input type="checkbox"/> Snowboard <input type="checkbox"/> Both <input type="checkbox"/> Neither							

After becoming disabled, have you... Skied Snowboarded Both Neither

If you answered in the affirmative to the above,
when? (enter as m/d/yy): _____

Was it part of a Wounded Warrior event?
 Yes No

Would you like to ski or snowboard? Ski Snowboard Both

Have you ever attended any other multi-day Wounded Warrior events? Yes No

If so, when? (enter as m/d/yy) : _____

Where? (enter city and
two digit state code)
City: _____

What did you do? (briefly list activities)

State: _____

Will you be able to obtain a doctor's clearance to ski or snowboard? Yes No Not sure

How did you learn about the Wounded Warrior Patrol Family Ski Week in Seven Springs? (circle): VA Other
website Friend WTU

Wounded Warrior Patrol website Internet search AW2 or other Advocate

Other: _____

Spouse or Significant Other's Information:

Spouse/SO's First Name: _____

MI: _____

Last Name: _____

Gender:

Male Female

Date of birth (enter as m/d/yy): _____

Age: _____

Height (enter in inches): _____

Weight (enter in pounds): _____

If selected, children that would accompany you to the event:

Child #1 First Name: _____

MI: _____

Last Name: _____

Gender:

Male Female

Date of birth (enter as m/d/yy): _____

Age: _____

Height (enter in inches): _____

Weight (enter in pounds): _____

Child #2 First Name: _____

MI: _____

Last Name: _____

Gender:

Male Female

Date of birth (enter as m/d/yy): _____

Age: _____

Height (enter in inches): _____

Weight (enter in pounds): _____

Child #3 First Name: _____

MI: _____

Last Name: _____

Gender:

Male Female

Date of birth (enter as m/d/yy): _____

Age: _____

Height (enter in inches): _____

Weight (enter in pounds): _____

Child #4 First Name: _____

MI: _____

Last Name: _____

Gender:

Male Female

Date of birth (enter as m/d/yy): _____

Age: _____

Height (enter in inches): _____

Weight (enter in pounds): _____

Do the children listed above live in your household now? Yes No

If no, can you get permission from their guardian to attend? Yes No N/A Unsure

May we share this application with other Wounded Warrior organizations? Yes No

Save this application and email to: Ian Selby at aiselby@me.com or Ken Graf at kwgdrnd@aol.com or print and mail to:

**Wounded Warrior Patrol, Inc.
20 Westminster Drive
Carlisle, PA 17013**

Questions? Check out our website at woundedwarriorpatrol.org