

APPLICATION VETERANS ON THE RIVER PARTICIPANT

Last Name, First Name

Address

Phone

Email

Age at the time of course

Height

Weight

Airport Code used for travel

No thanks I'm Driving

Special Medical Considerations

ETS/Retirement Date

Attending Permissively

PTDY attached

Emergency Point of Contact (Name, Phone, Email)

Special Dietary Considerations

I can swim 50 meters without a Personal Flotation Device

Yes No

Please rate your confidence in open water

High Moderate Low

I can perform at least one Pull-up & five push-ups

Yes No

I am aware this course requires me to be physically active for up to 6 hours a day.

I have NO known medical conditions that place me at greater risk for this course; physically or mentally.

I agree to participate in the course for the full duration, any early return will be at my own expense.

I understand the environment and living conditions: tent camping with limited electricity, changing weather, being near and in cold water (wetsuit provided) and agree to these conditions.

I may be interested in staying on for the summer as a Raft Guide for pay.

Are you currently employed? Yes No

Are you currently a full-time college student? Yes No

Check all that apply all answers are strictly confidential:

I often wonder if I am pursuing the "right" career for myself.

I have changed jobs at least three times in the last 5 years due to being unsatisfied.

I cannot seem to hold a job for more than a year for various reasons.

Civilians in the workforce seem to find me difficult to get along with or communicate with.

There is constant tension with my personal relationships and/or children and/or partner.

Initial:

I allow my comments, videos, and photos to be used by Veterans on The River as a participant in the program.

By signing below, you agree that all information provided on this page and all attachments are factual. You understand that you are not guaranteed a position in the course. Your application is not considered valid until all pages are emailed and confirmed by a representative of the organization.

Signature

Date

Attachments Checklist:

- Copy of DD-214 (redacted Social Security Number and Date of Birth).
- Permissive Temporary Duty Form Signed by Command (If applicable)
- If over the age of 50, provide doctor signed letter of health.

State why you believe you are a great candidate for this course and how it can enable your transition.