Wings For Our Heroes

OUTDOOR ADVENTURE AND ADAPTIVE EQUIPMENT APPLICATION

**** ALL INFORMATION PROVIDED WILL BE TREATED AS PRIVATE IAW WITH HIPPA ****

NAME	GENDER ❑ MALE ❑ FEMALE	DATE OF BIRTH	
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	MOBILE PHONE	
EMAIL ADDRESS	ALTERNATE EMAIL		
OCCUPATION / TITLE / RANK	MARITAL STATUS	MEDIA WILLINGNESS ❑ YES ❑ NO	
ALTERNATE / EMERGENCY CONTACT	RELATIONSHIP	PHONE	

SERVICE ❑ MILITARY/BRANCH OF SERVICE _____

❑ POLICE ❑ EMS ❑ FIREFIGHTER

SERVICE STATUS

❑ ACTIVE ❑ MEDICALLY RETIRED ❑ RETIRED ❑ OTHER:

DATE OF INJURY	LOCATION OF INJURY (IRAQ, AFGHANISTAN, STATESIDE, OTHER)

TYPE OF INJURY / DISABILITY

ARE YOU RECEIVING INPATIENT/OUTPATIENT CARE ❑ YES ❑ NO	NAME AND LOCATION OF TREATMENT FACILITY
NAME OF CURRENT PHYSICIAN AND CONTACT INFORMATION	DATE OF LAST TREATMENT OR NEXT SCHEDULED VISIT

❑ AMPUTEE ❑ VISUALLY IMPAIRED ❑ PTSD ❑ Spinal Cord Injury ❑ Shell Fragment Wound/Gunshot Wound ❑ TBI

❑ OTHER:

INJURY DESCRIPTION

OTHER INFORMATION OR MEDICAL NEEDS THAT MAY BE PERTINENT TO OUR STAFF DURING YOUR VISIT

Wings For Our Heroes

OUTDOOR ADVENTURE AND ADAPTIVE EQUIPMENT APPLICATION

**** ALL INFORMATION PROVIDED WILL BE TREATED AS PRIVATE IAW WITH HIPPA ****

APPLYING FOR

OUTDOOR ADVENTURES ❑UPLAND BIRD HUNT ❑ CLAY TARGET SHOOT ❑ RENTAL 0F ADAPTIVE EQUIPMENT (ALL TERRAIN WHEELCHAIR)

OCCUPATION / TITLE / RANK

❑ I CAN WALK LONG DISTANCES WITHOUT ASSISTANCE
❑ I NEED ASSISTANCE FOR LONG DISTANCES AND HELP CLIMBING
❑ I NEED USE OF (ALL TERRAIN WHEELCHAIR)

WILL YOU BRING YOUR OWN HUNTING CLOTHES

❑ YES ❑ NO

PLEASE LIST YOUR SIZES REGARDLESS OF WHETHER YOU CHECKED YES OR NO:

PANTS WAIST: PANTS LENGTH: SHIRT: JACKET: SHOES:

HAVE YOU HUNTED BEFORE?

❑ YES ❑ NO

WHAT GAME HAVE YOU HUNTED?

❑ BIG GAME ❑ SMALL GAME LIST:

DO YOU HAVE ANY SPECIAL TRAINING (FOR EXAMPLE, FIRST AID, CPR, WATER LIFE SAVING, ETC.)?

IT IS VITALLY IMPORTANT THAT WE KNOW IF YOU HAVE ANY PHYSICAL PROBLEMS AND/OR ISSUES WE COULD EXPECT TO ENCOUNTER. IN THE SPACE PROVIDED BELOW, PLEASE LIST ANY PHYSICAL PROBLEMS OR DEFICIENCIES THAT YOU MAY HAVE (for example, breathing problems, diabetes, allergies to a bee or wasp sting, allergies to foods, allergies to medications, allergies to environment [e.g., hay fever, animals, etc.], food or leg weakness, night blindness, extreme fear of heights, etc.) *THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL, BUT WE MUST KNOW ABOUT IT BEFORE YOU ARRIVE.*

ADDITIONAL NOTES:

- PLEASE BRING A COOLER FOR YOUR GAME.

HOW DID YOU HEAR ABOUT WFOH?

❑ NEWSPAPER NAME: ❑ WEBSITE ❑ FELLOW WARRIOR ❑ INTERNET ❑ FRIEND, RELATIVE ❑ OTHER:

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTOOD THIS APPLICATION AND THAT YOU AGREE TO NO ALCOHOL OR DRUG USE 8 HOURS PRIOR TO THE AWARDED OPPORTUNITY (OUTDOOR ADVENTURE / HUNT). MEDICAL OR PSYCHOLOGICAL EVALUATION MAY BE REQUIRED PRIOR TO ANY GRANTED OPPORTUNITY. PICTURES, VIDEO AND ALL SOCIAL MEDIA WILL BE PERMITTED AND AT THE DISCRETION OF WINGS FOR OUR HEROES UNLESS OTHERWISE AGREED UPON. EMERGENT MEDICAL CARE WILL BE AVAILABLE DURING GRANTED OPPORTUNITIES, SIGNATURE AUTHORIZES SUCH CARE IN THE EVENT THAT YOU ARE UNABLE TO PROVIDE VERBAL CONSENT.

PLEASE PRINT NAME ON THE LINE ABOVE

SIGNATURE REQUIRED

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM!

EMAIL: wingsforourheroes@gmail.com
MAIL: 1244 Hagevo Rd, Windber, Pa 15963

WWW.WINGSFOROURHEROES.ORG