



Veteran Application

Name (_____) Phone Email

Address City State Zip

DOB Rank Branch of Service Last/Current Unit

Status: Active Duty Retired Med Retired Discharge Type: _____

Eligibility: OIF OEF OND Combat Injured: YES NO Purple Heart Recipient: YES NO

Describe Injuries: _____

VA Rating: _____ **Please include a copy of VA Rating and a copy of Certified DD 214.**

Family: Married Single Children? How many? _____ Spouse name: _____

Children(s) Name/Age: _____

NOK/Emergency Contact: _____

Have own transportation Need transportation

I am interested in: (Check all that apply)

Hunting — Elk Deer Archery Rifle Birds

Fishing — Fly fishing Lake fishing Stream fishing

River rafting Spending time at camp Volunteering to help with work

Hiking in the Eagle Cap Wilderness Horse packing

Participating in therapeutic workshops Photography Writing Art

Participating in Equine Therapy

Email this to: **dividecamp@charter.net** or mail to: **Divide Camp • P.O. Box 49 • Joseph, OR 97846**

Please include some information about yourself.

You will get a phone call from a staff member.