



*H.O.P.E Veterans/Service Members
At Camp American Legion in Lake To*

Application

Name: _____ Adult Unisex T-Shirt Size _____

The purpose of the H.O.P.E (Helping Our Patriots Excel) Retreat is to form comradery in a fun and safe atmosphere while learning to build a sturdy foundation with the basic pillars of life (mental, spiritual, financial, physical, and social). The date of the retreat will be September 25th (arrive in evening) through September 29th (depart by noon). This retreat will provide all lodging, meals, snacks, water, and coffee. If chosen for the retreat a Welcome Letter will follow along with recommended items to bring to the retreat and the retreat's agenda. Please complete the following information and return the application by June 30, 2023.

Please describe what you hope to gain from each pillar: (ie: financial pillar-planning for retirement, reducing debt, etc.)

Social _____

Physical _____

Mental _____

Spiritual (religious preference, if any)

Financial _____

Do you have any mental health/substance use concerns that staff should be aware of (This will not exclude you, but allow us to provide you with support if needed)

Do you have any medical concerns that staff should be aware of (This does not exclude you, but allow us to provide you with support if needed)

By initialing here, you consent to have a retreat committee member contact you via telephone for additional information. This will happen after receiving the completed application and before the end of July. A reminder telephone call will occur the week of September 18, 2023 (one week prior to the retreat).

Initials: _____ Best number/times to reach you _____

As there are no financial obligations to this retreat, we require a personal reference.

Name of Reference _____

Telephone _____

By initialing here, you have advised your reference that a committee member may be contacting them.

Initials: _____

I attest that all information provided is true and accurate. I understand that I will be participating in both indoor and outdoor activities that may expose myself to injury. I agree to indemnify and hold harmless the H.O.P.E retreat volunteers/staff as well as sponsors and Camp American Legion from any harm, damages, etc., to myself or my personal property while attending/participating in the H.O.P.E retreat.

If you have any questions or concerns regarding this retreat, please contact Candice Kreis at Church Health Services at 920-887-1766 extension 209. Or email candicek@churchclinic.org.

Participant's Signature _____ Date _____