

## Outdoor Adventure Application Special Needs



Please complete the application as detailed as possible to be considered for an opportunity with Helping Heroes Hunt. We are here to help, but do have a strict vetting process to ensure enjoyment and safety. All information shared in this process will be kept confidential.

Full Name:	
Address:	
Phone Number:	
Email:	
Age:	
Do you attend school?	
Do you have any siblings?	
Type of Disability:	

Disability description:

What, if any, accommodations do you need?

Please check any of the following that you enjoy:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hiking         | <input type="checkbox"/> Pistol Shooting  | <input type="checkbox"/> Being Outdoors    |
| <input type="checkbox"/> Biking         | <input type="checkbox"/> Archery Shooting | <input type="checkbox"/> Working Outdoors  |
| <input type="checkbox"/> Walking        | <input type="checkbox"/> Fishing          | <input type="checkbox"/> Running Machinery |
| <input type="checkbox"/> Running        | <input type="checkbox"/> Fly Fishing      | <input type="checkbox"/> Driving UTVs      |
| <input type="checkbox"/> Rifle Shooting | <input type="checkbox"/> Hunting          |  |

Please add any outdoor activities that you enjoy and are not on the list above:

Have you participated in any Free Hunts or Fishing trips?  
If so, where, when, and with what organization?

What species have you hunted?

What species have you harvested?

If you hunt, what weapon do you use?

Where have you fished?

What species have you fished?

What is your preferred method of fishing?

Write a description of who you are and how you currently view your life:

Please inform us of why you would like to participate with Helping Heroes Hunt:

Please share and explain any recent legal issues

Please provide a doctor's letter (photocopy) stating that you have a special need.

Signature

Date

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