



“Outdoor Adventure” Application

Applicant name: _____

Address: _____

E-mail address: _____

Telephone: Home: _____ Cell: _____

Applicant's Date of Birth: _____

Clothing sizes: (Please Specify Men's/Women's or Boys/Girls)

SHIRT: _____ PANTS: _____ (Ex) (W x L) (34x30)

BOOTS: _____ COAT: _____

My age is: _____. My height is: ____ ft. ____ inches.

My weight is: _____ lbs.

I understand that if chosen for an “Outdoor Adventure” I will have a chaperone/
supervisor with me. Applicant will be accompanied by [one (1) person]:

I would like that individual to be:

Name: _____ Relationship: _____

Signed (applicant): _____ Date: _____

(Parent/Guardian) Date: _____

All applying applicants must meet the following criteria below.

- Must meet the age requirement at the time the Outdoor Adventure is granted of a minimum age of 10 and maximum age of 25.
- Must be a US Citizen
-

PLEASE FILL OUT APPLICATION COMPLETELY - AREAS THAT DO NOT APPLY MARK WITH N/A: (Not Applicable) Incomplete applications will NOT BE ACCEPTED

(CIRCLE THE APPLICABLE ANSWER BELOW)

- I (have, do not have) a hunter certification card.
- I (have, have not) been hunting before.
- I (have, have not) fired a gun. (If so, what caliber and brand)

• Identify any hunting related experiences you have participated in:

• How did you hear about Foundation for Hope Outdoor Adventures program?

• Describe your desired Hunting or Fishing "Outdoor Adventure":

- List any and all organizations that have PREVIOUSLY provided YOU a hunting or fishing opportunity, the date received and what it entailed:

- Identify any physical and mental limitation, as well as other medical concerns that might be a factor in this Outdoor Adventure:

- I am (on therapy/treatment, off therapy/treatment). (Circle one that applies)

- Overview of life-threatening or life challenging condition:

- If selected to be a recipient of an “Outdoor Adventure” through Foundation for Hope Outdoor Adventures, I would need the following special equipment: (wheelchair, gun rest, adaptive equipment, etc). Please list any/all items including anything not mentioned:

Below are listed items that need to be attached to the application for it to be completed:

- (2) Separate letters from (2) different personal physician's or Hospital's supporting the assessment and prognosis of the individual applying for the Outdoor Adventure.
- A full body picture of applying applicant. (No Headshots)

Please note that a full completed application is necessary in order to be presented to the Board for approval and acceptance. Incomplete applications will not be accepted or reviewed. All areas must be marked or labeled N/A that do not apply.

Once your application is received you will be contacted by the Foundation.

Please mail only completed applications to:

Foundation for Hope Outdoor Adventures
7400 Hickory Valley
Fenton MI 48430

info@hopeoutdooradventures.com

FOUNDATION FOR HOPE OUTDOOR ADVENTURES® is a registered no-profit 501(c)3 organization that provides HOPE through its Outdoor Adventures for youth who are battling life changing illnesses. Federal tax ID# 20-3209385

* All information obtained through this application is considered confidential and is solely to be used by Foundation for Hope Outdoor Adventures for the evaluation of possible "Outdoor Adventure" candidates.

This is only an application and does not guarantee a granted "Outdoor Adventure". Foundation for Hope Outdoor Adventures will contact all applicants upon receiving their application.

SPONSORING PARTY INFORMATION to be LISTED on the Following page and only required IF APPLICABLE:

Sponsor and CO-Sponsoring INFORMATION Listed below:

Sponsor Name and Chapter:

Sponsor Address:

Chapter Address:

Sponsor Telephone: _____

Sponsor Fax: _____

Sponsor Email Address: _____

If you have any questions please feel free to contact us directly at our Foundation Headquarters. We thank you for taking the time to fill out the applications and look forward to talking with you soon!

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