

# Freedom Care Warrior Project



## Participant/Volunteer Application

1005 Hwy. 16 South  
Graham, TX 76450  
1-800-461-3088  
Fax: 940-549-8383

EIN: 45-2962689  
NON-PROFIT 501(c)(3) FOUNDATION

Participant     Volunteer

### A. General Information

Name: \_\_\_\_\_ Sex:  Male     Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Passport Expiration Date: \_\_\_\_\_ Passport Number: \_\_\_\_\_

### B. Service Information

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Service Dates: \_\_\_\_\_  
Duty Summary: \_\_\_\_\_  
Treatment Facility/Hospital (If Applicable): \_\_\_\_\_  
Summary of Injuries or Physical Limitations: \_\_\_\_\_  
Special Needs or Accommodations: \_\_\_\_\_

### C. History

Any prior arrests or convictions?  Yes     No  
If yes is checked above, please explain: \_\_\_\_\_  
Have you ever hunted before?  Yes     No  
Have you ever completed a hunter's safety course?  Yes     No    Hunter Safety Number: \_\_\_\_\_  
Have you ever participated in any other program such as this?  Yes     No

### D. Donations

We appreciate any and all donations. We are a Non-Profit 501(c)(3) foundation. Please send your donations to:

**P.O Box 957**  
**Graham, Tx. 76450**  
**1-800-461-3088**

I certify that the above is true to the best of my knowledge and that, if selected to participate, will provide verification if requested by Freedom Care Warrior Project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_