



DRAGONFLY RETREATS APPLICATION

PERSONAL INFORMATION (All personal information is confidential and treated accordingly.)

Veterans Name _____ DOB _____

What first name or nickname would you like on your nametag? _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

May we leave a detailed message at the above phone numbers? _____

Email _____

List some members of your support system and relationship to you _____

MEDICAL/OTHER INFORMATION

Gender: Male Female

Dominant Hand: Left Right

Please indicate which retreat best fits your particular need: PTSD MST

Please indicate if you require or desire the following to accompany your regular retreat program:

Substance Abuse Group (AA meeting or similar)

Non-Denominational Spiritual (Bible Study or Prayer Group)

Veterans Physical Conditions that require assistance/unique accommodations: Motorized Wheelchair

Wheelchair Walker Cane Other:

Medical Conditions: Diabetic Oxygen Nebulizer CPAC or other similar equipment.

Other Medical Conditions: _____

Do you have a TBI? Yes No

Dietary Needs: Diabetes Peanut Allergies Gluten Free Other:

Please inform us if you will be bringing your **CERTIFIED** Service Animal. All veterinarian records, including shot records, need to be emailed from your veterinarian at least a week prior to your arrival.

NOTE: The nearest pharmacy and hospital are approximately 10 miles away, so prepare to bring at least six days' worth of prescriptions with you. **REMINDER:** We are over 8000 feet and this may require extra oxygen canisters.

POST TRAUMATIC STRESS (PTS) INFORMATION

The Veteran must have been diagnosed with PTS to attend a retreat.

Veterans PTS was diagnosed: Year _____

VA Facility YES NO

Clinic YES NO

Professional Health Care Provider YES NO

What type of Trauma Treatment have you participated in? _____

RETEAT INFORMATION AND WELCOME PACKET

Once we have confirmed with you the retreat you will be attending we will send you your welcome packet. This packet and our other communication with you will include: the location of your retreat, arrival and departure times and also what to bring. This retreat, lodging and meals are no cost to the veteran. Dragonfly Retreats does not cover travel expenses. (We may be able to offer suggestions to lessen these expenses.) Due to the nature of these retreats children and non-service animals are not allowed to attend. We will have trained emotion support animals present throughout the week.

For questions relative to the Retreat Application process, please contact Nancyw@dfretreats.org. Please let us know how you heard about Dragonfly Retreats? _____

Once your application has been received and processed, you will be notified and placed in one of our first available scheduled retreats that fit your choices. Continue to check our website for upcoming retreat dates. At this time our retreats are offered January through May and August through December. If circumstances require a particular retreat start date, please indicate below. **Availability is limited.**

February 11-15

February 25 – March 1

March 11-15

April 8-12

April 22-26

May 6-10

May 20-24

1st Choice _____ 2nd Choice: _____

Mail the entire completed Retreat Application to:

Dragonfly Retreats

PO Box 49181

Colorado Springs, Colorado 80949

OR

Email scanned applications to

Nancyw@dfretreats.org

I have read the entire application and believe all of the answers given on this Retreat Application are true and correct.

Signature

Date