

Veteran Valor Project: Health and Fitness Program Application

Personal Information

- **Full Name:**
- **Date of Birth:**
- **Address:**
- **City, State, ZIP Code:**
- **Phone Number:**
- **Email Address:**
- **Emergency Contact Name:**
- **Emergency Contact Phone Number:**
- **Relationship to Emergency Contact:**

Military Service Information

- **Branch of Service:**
- **Rank:**
- **Years of Service:**
- **Deployment History:**
- **Military Occupational Specialty (MOS):**

Health Information

- **Current Health Conditions:**
- **Diagnosed Mental Health Conditions (including PTSD):**
- **Current Medications:**
- **Primary Care Physician Name:**
- **Primary Care Physician Phone Number:**
- **Are you currently receiving treatment for any mental health conditions? (Yes/No)**
 - If yes, please describe:

Fitness and Lifestyle Information

- **Current Fitness Level:**
 - Sedentary
 - Lightly Active
 - Moderately Active
 - Very Active
- **Do you have any previous gym experience? (Yes/No)**
 - If yes, please describe:

- **Do you currently have a gym membership?** (Yes/No)
 - If yes, where?
- **Do you have any physical limitations or injuries?** (Yes/No)
 - If yes, please describe:

Program Commitment

- **Are you willing to attend the gym at least three times per week?** (Yes/No)
- **Preferred Days for Gym Sessions:**
- **Preferred Times for Gym Sessions:**
- **Are you willing to provide proof of attendance, such as attendance logs or gym swipe records?** (Yes/No)
- **Are you interested in being paired with a Battle Buddy?** (Yes/No)
 - If yes, do you prefer a veteran or a certified personal trainer as your Battle Buddy?

Motivation and Goals

- **Why do you want to participate in the Health and Fitness Program?**
- **What are your personal fitness and wellness goals?**

Behavioral Health Integration

- **Would you be interested in integrating fitness routines with therapeutic interventions?** (Yes/No)
- **Are you open to collaborating with mental health professionals as part of this program?** (Yes/No)

References

- **Reference #1:**
 - Name:
 - Relationship:
 - Phone Number:
 - Email Address:
- **Reference #2:**
 - Name:
 - Relationship:
 - Phone Number:
 - Email Address:

Consent and Acknowledgement

By submitting this application, I agree to participate in the Veteran Valor Project Health and Fitness Program. I commit to attending the gym at least three times per week and providing proof of attendance. I understand that my participation in the program includes periodic progress monitoring and collaboration with program coordinators. I acknowledge that any deviation from the program guidelines will result in an automatic suspension from the program.

- **Signature:**
- **Date:**