

Marineland Military Support Retreat Application

Our Northeast Florida community is proud to be hosting the Marineland Military Support Retreat, an integrative intensive retreat for post 9-11 deployed service members/veterans and their primary support persons (this may include a friend, family member, spouse, girlfriend, caregiver, etc.) from the late afternoon on Thursday July 17th though the afternoon on Sunday July 20th.

We are grateful to you for taking the time to fill out the retreat application. Your answers will help us improve our service to future retreat participants. There will be plenty of opportunity for feedback during the retreat as well. Our mission is to provide you with an opportunity to relax, restore connections with others who have experienced deployments and their primary support person and to enjoy recreation in the beautiful setting of Marineland.

DIRECTIONS:

- 1. Each veteran/service member and primary support person/spouse should fill out his or her own individual application. We ask that each service member and primary support person complete the ENTIRE questionnaire as honestly as possible based on his or her current perspective. Please complete the questionnaires <u>separately</u>; do not share answers with your service member or spouse/primary support person while you are answering the questions on your individual questionnaire.
- 2. Retreat applications must be received by July 1st. Space at the retreat is limited. You will be contacted by July 3rd to learn whether you will be participating in this retreat.
- 3. Retreat applicants who are not able to be accommodated will automatically be considered for future retreats.
- 4. Please keep in mind that we require participants to arrive on time and stay for the entire retreat to realize the full benefit of the experience.
- 5. Thanks for your efforts and for your support. We appreciate YOU!



MARINELAND MILITARY SUPPORT RETREAT (RELAXATION, RESTORATION, & RECREATION)

PERSONAL INFORMATION

Do you have a service canine? ☐ Yes ☐ No

All information provided is confidential and will be used only by Marineland Military Support Retreat staff for retreat planning and will not be provided to any other organization.

| Applicant's NameDOB | | | | | | | | |
|---|---|-----------------------|--------|--|--|--|--|--|
| Name of Service Member o | DOB | | | | | | | |
| Applicant's Home Address_ | | | | | | | | |
| City | State | Zip Code | | | | | | |
| Home Phone | Cell Phone | E-mail | | | | | | |
| | v/ Military Service Member o ister, uncle, friend) | | | | | | | |
| How many years have you l | known your Service Member | or Primary Support Pe | erson? | | | | | |
| For Service member: | | | | | | | | |
| Branch of Service | Years of Service | | | | | | | |
| Current Status (Please Circle): Active Duty, Retired, Reserve, National Guard | | | | | | | | |
| | ions): | | | | | | | |
| | | | | | | | | |
| Awards/Decorations: | | | | | | | | |
| Highest Rank (current or at | discharge/retirement): | | | | | | | |
| HEALTH INFORMATION | L | | | | | | | |
| | y require assistance/accomm | | | | | | | |
| | nts: | | | | | | | |

| Do you have other health concerns related to your deployment/s such as Traumatic Brain Injury, |
|--|
| PTSD, depression, chronic pain, insomnia, or other life stressors? |
| |
| |
| |
| |
| |
| |
| |
| Are you or your service member/support person currently participating in treatment or a support group for any of the above concerns? |
| |
| |
| |
| Do you or your service member/support person have a history of domestic abuse? |
| bo you or your service member/support person have a history of domestic abuse? |
| |
| EMERGENCY CONTACT INFORMATION |
| (Other than your service member/support person that you are accompanying to retreat) |
| Emergency Contact Name |
| |
| Emergency Contact Phone Number |
| Emergency Contact Email |
| Current Medications (Name & Dosage) |
| |
| Date |
| Signature of Service Member |

Questionnaire

Instructions to participant: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*. Please answer the below question based on your own individual recent experiences.

| | Response | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|------------|--|------------|--------------|------------|-------------|-----------|
| 1. | Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | | | | | |
| 2. | Repeated disturbing <i>dreams</i> of a stressful experience from the past? | | | | | |
| 3. | Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? | | | | | |
| 4. | Feeling very upset when something reminded you of a stressful experience from the past? | | | | | |
| 5. | Having physical reactions (e.g., heart pounding, trouble breathing or sweating) when something reminded you of a stressful experience from the past? | | | | | |
| 6. | Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it? | | | | | |
| 7. | Avoiding activities or situations because they remind you of a stressful experience from the past? | | | | | |
| 8. | Trouble remembering important parts of a stressful experience from the past? | | | | | |
| 9. | Loss of interest in things that you used to enjoy? | | | | | |
| 10. | Feeling <i>distant</i> or <i>cut</i> off from other people? | | | | | |
| 11. | Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you? | | | | | |
| 12. | Feeling as if your <i>future</i> will somehow be <i>cut short</i> ? | | | | | |
| 13. 14. | Trouble falling or staying asleep? Feeling irritable or having angry | | | | | |
| 15 | outbursts? | | | | | |
| 15. 16. | Having difficulty concentrating? Being "super alert" or watchful on guard? | | | | | |
| 17. | Feeling jumpy or easily startled? | | | | | |

| Please respond to the following short-answer questions below in the space provided. | | | | | |
|--|---|--|--|--|--|
| . How did you hear about the retreat? | | | | | |
| t. Tell us what you would like to gain from or achieve by attending the retreat: | _ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| s. Please tell us about some of your personal strengths: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| . How has your life changed after your deployment or the deployment of your service member, for better and for worse? | • | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

APPLICATIONS SUBMISSION INSTRUCTIONS

Applications should be forward to the below address, by email, or by fax. Applicants will be contacted when a retreat date is available for them. Applicants who cannot be accommodated due to limited facilities will automatically be considered for future retreats. For any questions or change of status after selection, please contact:

John November, Executive Director GratitudeAmerica

904-525-3042

jnovember@gratitudeamerica.org

Mailing Address:

GratitudeAmerica ATTN: John November

PO Box 16956

Fernandina Beach, FL 32035

Fax: 856-282-9955

RETREAT INFORMATION

- Participants should arrive at the UF Whitney Lab Auditorium between the hours of 5:00pm 5:30pm on July 17th. Dinner will be provided.
- If delayed please contact John November at 904-525-3042 and if they cannot reach John by phone should report to the UF Whitney Lab Auditorium at 9505 Oceanshore Blvd Marineland Fl 32080. (Across Street from Marineland Dolphin Adventure attraction on the intracoastal.)
- Casual attire such as jeans, shorts, and tennis shoes are appropriate. Some activities will be
 outdoors. Bringing bathing suits to enjoy the beach is also suggested. Attendees may want to
 bring relaxed business casual attire for the community forum on Sunday.
- Travel will be by POV.
- Billeting, meals, and retreat activities will be provided at the Marineland Retreat at <u>no cost</u> to the participants.