Home of the Brave, Inc.
1038 Highway 305 North
Senatobia, Mississippi 38668
662-418-8888
home4brave@gmail.com

Dear Applicant,

My name is Kelly Crabtree. I am the director of Home of the Brave, Inc. I can assist you in becoming an eligible candidate for one of our retreats, camps, or monthly programs and ultimately becoming a part of the Home of the Brave, Inc. family.

For a successful application please follow the process below:

1. Submit application AND a copy of the following:
    a. Complete copy of DD-214
    b. Copy of Military ID
    c. Copy of Social Security Card (Monthly Ranch Programs only)
    d. Copy of Criminal Record (Monthly Ranch Programs only)
    e. (2) References from Commanding Officers you served under (Monthly Ranch Programs only)

2. Remain free of drugs and the legal system

3. Attend mandatory interview (Monthly Ranch Programs only)

I look forward to welcoming you to Home of the Brave, Inc. If you have any questions please feel free to email, text or call me so I can assist you.

Love In Christ,

Kelly Crabtree
Home of the Brave, Inc. Director

Which Program(s) are you Interested in attending?

_____Mens Retreat
_____Ladies Retreat
_____Horsemanship / Bushcraft Camp I
_____Horsemanship / Bushcraft Camp II
_____Ozark Mountain Pack Trip
_____1 Month Ranch Program
_____2 Month Ranch Program

Home of the Brave, Inc.

Veterans Application to Participate

Applicants Name_____ Todays Date_____ Military SN_____

Home Phone (___) _____ Cell Phone (___)_____ Other (___)_____

Date of Birth_____ Gender: Male__ Female__ Height_____ Weight_____

Ethnicity: American Indian___ Asian___ Black___ Hispanic___ White___ Other_____

Email:_____ Social Security Number_____

Mailing address: _____

_____

City_____State_____Zip_____

Married Yes___ No___ Number of Children_____ Who will keep children while you are in the program?_____

Spouses Name:_____ Cell Phone (___)_____

Mother / Guardian_____ Phone (___)_____

Email:_____

Mailing address: _____

_____

City_____State_____Zip_____

Father/ Guardian_____ Phone (___)_____

Email:_____

Mailing address: _____

_____

City_____State_____Zip_____

Emergency Contact #1_____ Phone (___)_____

Email:_____

Mailing address: _____

_____

City_____State_____Zip_____

Emergency Contact #2_____ Phone (___)_____

Email:_____

Mailing address: _____

_____

City_____State_____Zip_____

How many siblings do you have?_____ List their names and contact information here.

Name_____ Phone (_____)_____

Name_____ Phone (_____)_____

Name_____ Phone (_____)_____

Name_____ Phone (_____)_____

Please make a copy of this page if you need more spaces.

Are you currently working in civilian employment? Yes____ No____

List Place of Employment _____ Phone (___)_____

Employment mailing address:_____

City_____State_____Zip_____

Supervisors Name:_____ Phone# (___)_____ Email:_____

Basic Job Duties_____ May I contact your employer? Yes___No___

Doctor Information:

Medical Doctors Name _____ Phone (___)_____

Mailing address: _____

_____

City_____State_____Zip_____

Is your doctor available for a consultation regarding this application? Yes___ No ___

Are you currently being treated by a psychiatrist for a service related disability? Yes___ No___

Psychiatrist Name _____ Phone (___)_____

Mailing address: _____

_____

City_____State_____Zip_____

Is your psychiatrist available for a consultation regarding this application? Yes___ No ___

Disability Information:

What is your primary diagnosis:_____

What other medical conditions do you have? _____

How are your daily living skills affected?_____

What are your limitations?_____

Do you have any physical restrictions or precautions you must take because of your diagnosis?_____

What type of medical treatment are you currently receiving?_____

Have you had any of the following injuries or conditions:

____Head Injury Concussion	____Shoulder L / R	____Knees L / R
____Elbow L / R	____Hip L / R	____Foot L / R

____Chronic Shin Splints	____Pinched Nerve	____Neck Injury/Stinger
____Arm/Wrist/Hand L / R	____Back	____Thigh L / R
____Lower Leg L / R	____Ankle L / R	____Severe Muscle Strain
____Chest	____Are you Pregnant? __mo/due Date_____	____Heart Murmur
____Seizures	____Kidney Disease	____Irregular Pulse
____ COPD	____Heart Disease	____Liver Disease
____Hernia	____High Blood Pressure	____Dizzy/Fainting
____Organ Loss	____Asthma	____Knocked Out
____Diabetes	____Tuberculosis	____Overnight in Hospital
____Mononucleosis/Enlarged Spleen	____PTSD	____Other_____

List any previous surgeries:

_____
_____
_____

List any Allergies (food, drugs, etc.)

_____
_____
_____

List name and dosage of all medications you are currently taking. Include Prescription and over the counter and list the reason for taking each medicine.

_____
_____
_____

List any conditions not mentioned above that Home of the Brave, Inc. needs to be aware of or any special needs you may have to be successful in the program. _____

_____
_____

What type(s) of adaptive equipment do you use? (i.e. manual wheelchair, power chair, walker, cane, hearing aid, etc.)

_____
_____

When did you join the armed forces?_____ Branch_____

Are you discharged from the armed forces? Yes_____ No_____

What type of discharge? _____

Highest Rank Achieved?_____

In which theater(s) of conflict(s) and campaigns did you serve?_____

Please describe your service related injuries and the circumstances under which they occurred_____

_____

_____

Code of Conduct while at Home of the Brave, Inc.

Initial each statement after reading

____I am freely and voluntarily signing up for one of Home of the Brave, Inc.'s veteran programs.

____I understand that there are risks involved with living, working and participating on a farm/ranch.

____I will hold harmless Home of the Brave, Inc., C3 Farms, and /or Home of the Brave, Inc.'s Board of Directors and /or Volunteers or anyone working for or volunteering, owners and operators; for any injury incurred while visiting farm or participating in activities on the grounds.

____I am not a user of illegal substances.

____I agree to random drug testing while I am enrolled in the Home of the Brave, Inc. monthly programs.

____After I attend a retreat, camp, or monthly program, I know I must reapply and be accepted in order to continue to live and participate in other programs at the Home of the Brave, Inc. facility.

____ I understand that alcohol and non-prescribed drugs are not allowed on the premises.

____ I understand that fighting, bullying or any other forms of aggressive behavior will lead to termination of my eligibility to complete the retreat/program.

____I understand that behaving in a manner which is potentially dangerous to self and others will lead to termination of my eligibility to complete the retreat/program.

____I understand that behaving in a manner which damages or vandalizes the property of others or Home of the Brave, Inc. or C3 Farms will lead to termination of my eligibility to complete the retreat/program.

____I understand that this is a Christian Transitional facility for Veterans of the United States Armed Forces.

____I understand that I am free to come and go from Home of the Brave, Inc. as needed while in the program using my own transportation. Weekend retreats require you to stay the weekend.

____I understand that I may have friends and family on the farm during designated visiting times only, unless prior arrangements have been made.

____I understand that foul language and rude behavior is not becoming of a young man or lady and I will refrain from it as long as I am at the ranch.

____ I understand that if I break the Code of Conduct Contract it will lead to termination of my eligibility to complete the retreat/ program.

I have read the above Code of Conduct and agree to follow but my conduct is not limited to the above rules. I will conduct myself in a way that is mannerly and appropriate.

Applicant Signature _____Date_____

Print Name here_____