

## Horseback Adventure Application

You may complete this application and process it three ways. 1. Copy, complete, scan and email it to dalew@clergyrecovery.com 2. Copy, complete and fax it to 406-292-3265 3. Copy, complete and mail to Clergy Recovery Network, Box 52, Joplin, MT 59531.

CRN must receive this application, approve it and notify you personally before you confirm travel arrangements or make plans to participate.

Dates for 2007: September 23 through October 1, 2007.

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Other \_\_\_\_\_

If Married, Name of Spouse: \_\_\_\_\_

Ministry position: \_\_\_\_\_

Church or Ministry I serve: \_\_\_\_\_

### Health Concerns:

It is implicit in your applying for this wilderness adventure hosted by the Clergy Recovery Network you and your doctor are verifying you are physically healthy enough to ride horses and engage in a wilderness adventure of this nature. We, however need to be aware of any relevant health issues in your history. (History of heart, or respiratory problems, physical challenges, etc.)

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Allergies: Please list all of your known allergies:

Dietary Concerns: (Allergies, biblical convictions, etc.). If these concerns are reasonably manageable we will try to meet your needs on this issue.

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Spiritual Concerns: Spiritually and emotionally I would like to receive the following from this experience:

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**Horseback Experience:**

The following best describes my experience riding horses:

- No experience    Minimal experience    Experienced

The last time I road horseback was \_\_\_\_\_

**Financial Concerns:**

I will provide the funds on time if approved for the trip.

I will not be able to provide all of the funding but will be able to provide \$\_\_\_\_\_ to help defray the trip expenses. I will email Dale regarding my request for assistance.

I am asking for a complete financial scholarship for the trip and will send an email to Dale explaining my financial needs and the reason I am requesting this assistance.

**Recovery:**

I do not consider myself to be in recovery

I consider myself to be recovering from:

Codependency    Alcohol    Chemical Dependency    Sexual Addiction

Burnout    Depression    Anxiety Disorder    Gambling

Other \_\_\_\_\_

How long have you been in recovery? \_\_\_\_\_

**Group Issues:** Please check as appropriate

Confidentiality

I understand in order for this adventure to be safe for some men to participate it is necessary for me to maintain confidentiality. Who I see on the trip and what is said on the trip will stay on the trip.

Smoking & Tobacco use

I do not smoke    I smoke occasionally    I never smoke    I do not use tobacco of any form.

I would not be comfortable if someone in our group smoked or used tobacco in any form while on this adventure. Why?

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Alcohol consumption

I drink socially    I never drink    I am alcoholic and do not want to be in a situation where someone else is drinking.

I would not be comfortable if someone in our group drank in moderation on this trip. Why?

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Other behavioral concerns

I have no other concerns and will go with the flow tolerating each others differences.

I have the following concerns or convictions about behavior issues:

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**Emergency Contact Person:**

Name \_\_\_\_\_

Relationship of this person to you \_\_\_\_\_

Phone numbers for emergency contact person

Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Address of Emergency Contact Person

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please contact me the following way to interact with me regarding my application and approval for this adventure:

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application will not be reviewed or considered complete without, the "Indemnification and Defense" form, the "Health Waiver" form and a copy of the front and back of your health insurance card.