

American Veterans Quest for Peace, Inc.
2200 E. River Road, Suite 125
Tucson, Arizona 85718
(520) 299-7773 Fax (520) 277-7700
E-mail: drluick@avqp-vets.com

Application (Check) Vietnam Trip Facilitation Veteran Mentor

Name: _____; Veteran; Professional

Title: _____; Mental Health Credential _____; Other; _____

Mental Health License Number: _____; Current: ; State _____

Social Security Number: _____ - _____ - _____

(Home) Street Address: _____

(Office) Address: _____

City _____, State _____, Zip _____

Home Phone: () _____, Office () _____, Cell () _____

E-mail: _____; Fax () _____

Date of Birth: ____/____/____; Age: _____

Current Marital Status: Single Married Divorced Widowed

Emergency Contact Person: _____; Phone _____

Relationship: _____ Email _____

Name(s) of Children, if any:

_____, Age _____
_____, Age _____
_____, Age _____
_____, Age _____

If married, name of Spouse: _____

Are you applying as a team of two? If yes, with whom _____.

Occupation: _____; Employer Name: _____

Employer Address: _____

Employer Phone: () _____

1. Please provide information regarding your experience with veterans. (Attach additional if needed)

2. Please provide information regarding your travel experiences.

3. If you are a Vietnam or other Veteran _____, please provide:

a. Branch of Service: _____; Discharge Rank: _____

b. Date(s) stationed in Vietnam or Other location(s) ___ Iraq; ___ Aphganistan; Other _____

Location: _____ From: _____ To: _____

Location: _____ From: _____ To: _____

Location: _____ From: _____ To: _____

Location: _____ From: _____ To: _____

c. Units assigned to:

d. Military awards and decorations:

e. Were you wounded? ___ Yes ___ No

If yes, please describe the injury(ies) and circumstances:

f. Agent Orange or (other chemical exposure _____)? ___ Yes ___ No

g. Are you a disabled veteran? ___ Yes ___ No; Percent Disability _____.

h. Have you been diagnosed with PTSD? ___ Yes ___ No

4. Educational background:

Last Grade/Year Completed: _____
Degree(s): _____
Certificates/Licenses: _____
Special Training: _____

5. Rate your general physical condition: ___ Excellent ___ Good ___ Fair ___ Poor

6. What is your current mental health status? ___ Excellent ___ Good ___ Fair ___ Poor

7. Do you have a passport? ___ Yes ___ No

8. If you are applying as a Vietnam Trip Facilitator, some of Vietnam remains primitive, rugged with severe weather conditions at times. Do you have any chronic physical or mental health condition which may influence your ability to lead a trip with responsibility for ten to twelve veterans and family members? ___ Yes ___ No

9. Becoming a Vietnam Trip Facilitator and/or Mentor is an awesome experience and responsibility. Are you willing to participate in interviews and training(s), which will include a training trip to Vietnam? ___ Yes ___ No

10. Please state your goals in becoming a Vietnam Trip Facilitator and or Veteran Mentor:

11. Do you have any felony convictions? ___ Yes ___ No

12. Do you have professional liability insurance? ___ Yes ___ No

Name of Company: _____; Certificate No. _____
Liability Limits: _____ / _____; Phone () _____
Address: _____

- Please attach:
1. DD-214, if Veteran.
 2. Resume or Professional Vita.
 3. Names, Addresses, and Phone numbers of three references WHO WILL BE CONTACTED.

REFERENCES:

Name: _____

Address: _____

Phone: () _____

Name: _____

Address: _____

Phone: () _____

Name: _____

Address: _____

Phone: () _____

I ACKNOWLEDGE ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THERE ARE NO MATERIAL OMISSIONS, EITHER INTENTIONAL OR UNINTENTIONAL, THAT MAY ALTER THE INFORMATION PROVIDED.

FACILITATOR AND MENTOR TRAINING AND ACTUAL VIETNAM RECONCILIATION TRIPS ARE DEPENDENT UPON OBTAINING FUNDING, WHICH WE ARE CURRENTLY SEEKING. COMPLETION OF THIS APPLICATION DOES NOT IMPLY ANY GAURANTEE OF ACCEPTANCE IN THE PROGRAM. (Thank you for your belief and support)

I HAVE READ AND UNDERSTAND THE VISION STATEMENT PROVIDED ON THE AMERICAN VETERANS QUEST FOR PEACE WEB SITE.

Signature

Date

Printed Name