

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

Please note that this is an application to travel with a group of veterans and family members to Vietnam. This is a first step in the process which will also involve a personal interview with one of our trained facilitators who will accompany the group and provide mentoring before, during, and after the trip should you be selected. The interview is an important part of the selection process because not all veterans are ready to make the trip. More details of exactly how the travel experience is conducted will be explained during the interview and you may ask any questions at that time. Detailed information will also be provided in writing before you make your final decision. In this way we can best honor your needs.

Final Preparation for a trip cannot be started until we have adequate funding, which we are currently seeking through donor sources. If you are aware of potential donors, please let us know or have a donor directly contact us.

1. Full Name: _____
2. Social Security Number: _____ - _____ - _____
3. Address: _____
4. City, State and Zip: _____
5. Telephone Numbers (including area code):
Home: _____
Work: _____
Fax: _____
Cell: _____
Pager: _____
6. E-mail Address: _____
7. Date of Birth: _____ / _____ / _____
8. Current marital status: ___ Single ___ Married ___ Divorced ___ Widowed
9. If married, name of spouse: _____
10. Name(s) and age(s) of children, if any:

Age: _____

Age: _____

_____ Age: _____
_____ Age _____
_____ Age _____

11. Occupation: _____
Employer Name and Address: _____
12. Education background (last grade/year completed, degrees, certificates, training):
Last Grade/Year Completed: _____
Degree(s), Certificate(s): _____
Training: _____
13. Do you have a passport? _____ Yes _____ No

Military Background (Family applicants include Vietnam veteran family member's information to the best of your ability):

14. Former branch of service: _____
15. Date(s) stationed in Vietnam (month/year)?
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
16. Unit(s) assigned to:

17. MOS, occupation, and duties while in Vietnam:

18. Station(s) while in Vietnam (include base camps, fire bases, hills and proximity to nearest towns & cities).

19. Military awards and decorations:

20. Wounded? Yes No
If Yes, please describe the injury(ies) and circumstances:

21. Agent Orange exposure? Yes No
If Yes, are you (family applicants – is veteran family member) on the Agent Orange Registry? Yes No
Do you have problems associates with Agent Orange Exposure? Yes No
If Yes, please describe problems: _____

22. Did you get sick while in Vietnam? Yes No
If Yes, specify illness (including, but not limited to malaria, hepatitis, etc.): _____

23. Type of military discharge: _____

24. Rank upon discharge: _____

Combat Exposure and Impact of Events

This questionnaire is for veterans and family members who have been exposed to combat, or a combat environment. Those without combat exposure check “No exposure” and leave this form blank.

24. No exposure

Please check YES or NO to questions 24-34.

25. I was stationed in Vietnam or other war zone or area of combat: Yes No
If “other,” which? _____

26. Did you fire a weapon or were you fired upon? Yes No

27. Did you see death or injury of US servicemen: Yes No

28. Do you feel responsible for death of enemy military? Yes No

29. Were you wounded in combat: Yes No

30. Do you feel responsible for death of enemy civilians? Yes No

31. Did you serve two or more tours in Vietnam, or more than 15 months in another war zone? Yes No.

32. Number of months: _____
33. What changes did you go through as a person while in the service; how did it make you different from when you first entered?

34. Do you have any “anniversary” dates that are emotional for you? ____ Yes ____ No
 If Yes, detail the date(s) and their significance: _____

35. Please describe any chronic stress reactions you still have, related to your military experience: _____

The following is a checklist of comments made by people after stressful or traumatic life events. Please check each item indicating how frequently these comments were true for you during the past month or year. If they did not occur during that time, mark the Not at All column. Please relate this to your military or combat experience.

Military or Combat Experience	How often in the past month to year			
	(1) Not at All	(2) Rarely	(3) Sometimes	(4) Often
36. I thought about it when I didn't want to.	_____	_____	_____	_____
37. I avoided letting myself get upset when I thought about it or was reminded of it.	_____	_____	_____	_____
38. I tried to remove it from memory.	_____	_____	_____	_____
39. I had trouble falling asleep or staying awake.	_____	_____	_____	_____
40. I had waves of strong feelings about it.	_____	_____	_____	_____
41. I had dreams about it.	_____	_____	_____	_____
42. I stayed away from reminders about it.	_____	_____	_____	_____
43. I felt that it hadn't really happened, or that it wasn't real.	_____	_____	_____	_____
44. I tried not to talk about it.	_____	_____	_____	_____

45. Pictures about it popped into my mind. _____
46. Other things made me think about it. _____
47. I was aware that I still had a lot of feelings
About it, but I didn't deal with them. _____
48. I tried not to think about it. _____
49. Any reminder brought back memories of it. _____
50. My feelings about it were kind of numb. _____

Medical Health:

51. Name, address and telephone of your general practitioner – who we should contact in the event of any emergency:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Tel. _____ - _____ - _____

52. In case of a medical emergency, are there medications you are allergic to? Please list medications you should NOT take and detail the reasons why (including, but not limited to, any medications which you are allergic to): _____

53. Who should we contact in case of an emergency, while participating in our program?

Name: _____ Tel. _____ - _____ - _____ Relationship: _____

54. Rate your general physical condition: _____ Excellent _____ Good _____ Fair _____ Poor

55. Do you have any chronic medical or mental health conditions? _____ Yes _____ No

If Yes, please list the medication you take for these conditions: _____

56. Some of Vietnam remains primitive, rugged, and highly susceptible to severe weather (temperatures, humidity, and rain fall). Likewise certain areas require walking or hiking to get to the destination. Similarly, stairs are common in Vietnam, i.e., hotels. Do you have any chronic physical conditions which will need to be taken into account while on a trip to Vietnam? _____ Yes _____ No

57. List the chronic conditions and accommodations that will have to be met because of your health and physical capabilities: _____

58. Would these conditions prohibit your participation in more strenuous activities: Yes No

59. We encourage all participants to update themselves on travel related shots, and take recommended medication, such as malaria pills. Is there a problem which prohibits you from taking these shots or medications? Yes No

If Yes, please explain: _____

60. The average total cost of actual travel is approximately \$3500 to \$4000, depending upon international and domestic airfares both within the US and Vietnam.

Can you afford to pay for your entire trip? Yes No

How much can you contribute to off set your expenses? _____

Do you need a full scholarship? Yes

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.

I ACKNOWLEDGE THAT COMPLETION OF THIS QUESTIONNAIRE DOESN'T GUARANTEE PARTICIPATION IN TRAVEL TO VIETNAM WITH AMERICAN VETERANS QUEST FOR PEACE.

I HAVE READ THE VISION STATEMENT FOR AMERICAN VETERANS QUEST FOR PEACE AS LISTED ON THE WEB SITE.

PLEASE MAIL THE COMPLETED APPLICATION TO THE ABOVE ADDRESS AND INCLUDE A COPY OF YOUR DD-214, IF YOU ARE A VETERAN. Keep a copy for your records.

Signature

Date

Printed Name