*Participation in this program is by invitation only; therefore, the Board of Trustees has the right to determine eligibility and can, at any time, remove an applicant from the Operation Remount Corporation application process for any or no reason at all. Military veterans and first responders are eligible to participate in this program. All information provided during the application process is confidential. We do not use, sell or disclose any personal information.*

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
| Street Address | City/State | Zip Code |
| Personal Mobile Phone # | Home Phone # | Email |
| Date of Birth | Gender | Marital Status |
| Emergency Contact | Emergency Contact Phone # | Relationship to Applicant |

**MILITARY HISTORY**

Please submit a copy of your DD-214

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Air  Force | Army | Coast Guard | Marines | Navy | Reserve | National  Guard |

|  |  |  |
| --- | --- | --- |
| Combat Arms or SOF? | Yes | No |

**Please List or Describe**

|  |  |  |  |
| --- | --- | --- | --- |
| MOS, ASFC or NEC |  | VA Rating |  |
| Combat Service  OEF, OIF, Other |  | Injury |  |
| Type of Discharge |  | Rank |  |

**ADDITIONAL INFORMATION**

Please list your interests and activities

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| --- |
|  |

Are there any medications, triggers, or environmental considerations that should be made known?

|  |
| --- |
|  |

Do you have any medical conditions (heart, lung, physical, etc) that would prevent you from physical activity such as pushing, pulling, squatting, lifting, carrying, walking? If yes, please explain.

|  |
| --- |
|  |

Do you have any food or environmental allergies? If yes, please list

|  |
| --- |
|  |

What do you hope to gain from this program?

|  |
| --- |
|  |

Have you participated in any other similar Veterans Programs? If yes, please list.

|  |
| --- |
|  |

Why should you be chosen for the program?

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| --- |
|  |

If chosen for the program what would be your perfect mustang? (Gender, color, etc)

|  |
| --- |
|  |

Special Requests

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| --- |
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How did you hear about this program?

|  |
| --- |
|  |

Do you have any horse experience? If so, please explain

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| --- |
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| --- |
| SPRING PROGRAM: May 5 – June 12, 2025 |
| FALL PROGRAM: Aug 11 – Sept 18, 2025 |

Please indicate which program you are interested in participating in; (If available for either date, check both)

Please note that you must be alcohol and drug free in order to participate in our program. No alcohol or drugs are permitted on site other than prescription medication. No medical marijuana.

Please expect a response from us within 1 – 2 weeks upon applying. We thank you in advance for your time.

Please download application, fill it out, save it, then email to kelly@operationremount.org or print and mail to:

Operation Remount Corporation

12080 US Highway 85

Jay Em, Wy 82219

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_