

# Hi-SEAS ADVENTURE

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TRAUMA TRANSFORMED

## Application for Sailing & Adventure Therapy Program

Thank you for your interest in participating in our Adventure Therapy Program. Please complete the following application to provide us with the necessary information to assess your eligibility. Your responses will be kept confidential.

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### Expedition Information

Which Hi-SEAS Expedition are you signing up for (number): \_\_\_\_\_

If desired trip is not available, are there other trips/dates you would be willing to attend?

\_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_

Nickname (What do you like to be called?): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Gender: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Telephone (Home/Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

How do you prefer to be contacted? Phone Call, Text, or Email \_\_\_\_\_

Veteran, First Responder (Police, Firefighter, EMT, etc.), Other: \_\_\_\_\_

Branch of Military, if served: \_\_\_\_\_

## Emergency Contacts

**Primary Emergency Contact Name:** \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Medical/Physical Health Information

**This program involves physical activity (sailing; being outdoors for an extended period during backcountry camping, hiking, fishing trips), are there any medical conditions that we should know about? (Does not disqualify you from participating; allows us to prepare)**

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**Are you currently taking any prescription medications for physical or mental health?**

☐ Yes

☐ No

If yes, please list the medications:

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**Do you have any known allergies (e.g., food, medications, environmental, insects)?**

☐ Yes

☐ No

If yes, please specify: \_\_\_\_\_

**Do you require any special accommodation or have any physical limitations? (again, does not disqualify, simply allows us to prepare)**

☐ Yes

☐ No

If yes, please describe:

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## **Mental Health & Recovery Information**

**Have you been diagnosed with any of the following?**

(Check all that apply)

☐ Post-Traumatic Stress Disorder (PTSD)

☐ Depression

☐ Anxiety

☐ Substance Use Disorder (SUD)

☐ Other mental health conditions (please specify): \_\_\_\_\_

**What mental challenges are you currently facing or working through?**

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**Are you currently in therapy or receiving counseling?**

☐ Yes

☐ No

If yes, please specify the type of therapy you are receiving:

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Are there any triggers (sensory, emotional, physical) that you want us to be aware of to better support you and your recovery?

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Are you currently sober or working towards sobriety? \_\_\_\_\_

**\*\*This is a substance free program for safety and support\*\***

**\*\*Although marijuana is legal in many states, we do not allow its use during our programs \*\***

## Intentions & Goals:

What led you to seek out an Adventure Therapy Program at this time of your life?

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In what ways do you hope to grow or change as a person through this experience?

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Are there behaviors in your life that you are hoping to shift?

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How comfortable are you with being in nature and spending extended time in remote wilderness environments?

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What role, if any, has nature or the outdoors played in your healing or self-reflection in the past?

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Are there aspects of being disconnected from technology and modern comforts that worry or excite you?

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Do you have warm clothes? Outdoor gear? Good boots? (If not, no worries, please let us know so we can work on providing those items for you)

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If selected, could you pack all you need in one large duffel bag and one carry on?

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Are there any family or close friends that you would like to go through therapy with if we can allow them to come? (They do not have to be a Veteran or First Responder)

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**\*\*If so, we will need a separate application from each guest, minus any irrelevant information regarding mental health diagnoses, addictions, or treatment (unless they are also affected).\*\***

### **Additional Comments or Information**

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Our expedition programs are designed to either supplement a person's treatment or begin it. They are not designed to be a one-and-done cure all. Real emotional and spiritual healing takes time, dedication, and effort. Also, great courage. Only when the person is ready to take on the challenge of healing can any significant, lasting change occur.

We proudly serve combat, non-combat, and disabled veterans and civilians. Although not currently able to accommodate individuals in wheelchairs on sea-based expeditions, we will do everything in our power to accommodate those with physical disabilities as much as possible. Anything we need to do, we will figure it out & get it done!

## **Submission Instructions**

Please complete the application and return it to Hi-SEAS ADVENTURE via email to **Larissa Breaux**, Director of Client Engagement, at **[larissa@hiseasadventure.com](mailto:larissa@hiseasadventure.com)**.

**PO BOX 2058 | KALISPELL, MT 59903**  
**[www.hiseasadventure.com](http://www.hiseasadventure.com)**