



P.O. Box 404
 Ligonier, PA 15658-0404
 Email: info@canyonheroes.org

Canyon Heroes River Expedition 2020 Trip Application

It is the purposes of Canyon Heroes to provide a unique and healing experience for
 wounded or disabled U.S. Veterans

Personal Information			
Name:		Date: ___/___/___ M D Y	
Mailing Address:			
City:		State:	Zip:
Email:			
Home Phone:		Mobile Phone:	
DOB: ___/___/___ M D Y	Gender: ___ Male ___ Female	Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed	
Highest Level of Education: (Please Circle) <div style="text-align: center; padding: 5px;"> High School Associates Technical/Trade Bachelors Masters Doctorate </div>			
Race: (Please Circle) <div style="text-align: center; padding: 5px;"> White/European Amer. Hispanic/Latino Asian/Pacific Islander Native American Other (specify) </div>			

“The soldier above all others prays for peace, for it is the soldier who must suffer and bear the deepest wounds and scars of war.”

Douglas MacArthur

Employment Status: (Please Circle)	
Full-time Part-time Retired Unemployed Student (Undergraduate/Graduate) Disabled	
Type of Employment:	
Military Service	
Branch: (Please Circle)	
Army Navy Air Force Marines Coast Guard	
Rank:	
MOS/AFSC/NEC:	
Deployment	
Conflict(s) Served:	
# of Deployments:	Dates:
With what unit(s):	
Type of Discharge:	
Have you experienced physical health issues as a result of your military service? If yes, please explain/list below:	
Since joining the military, have you been diagnosed with any of the following: (Please Circle all that apply)	
PTSD Depression Alcohol-Use Generalized Anxiety Substance-Use None Other	

