

TOP Vietnam Veterans

8000 S. Kolb Road
Suite 43
Tucson, Arizona 85756

T: 520-326-0901
F: 520-844-8485

E: TOP@TOPvietnamveterans.org
www.topvietnamveterans.org



GENERAL TRIP APPLICATION

Participants are selected and qualified from an application process which includes: **General Trip Application**; Follow-up Packet; Reading & acknowledging the “Trip Handbook”; telephone interview with TOP representative; medical physical exam; and, acceptance determination. Process time for each phase varies, with candidates receiving a TOP e-mail within 30 days of receipt of each phase, notifying and instructing applicants what happens next.

Information helps design a trip that meets unique needs. Background knowledge increases the likelihood of a safe and fulfilling experience. The application process helps ensure safety with our groups. We appreciate your honesty, trust, and understand this is personal for you. Information is kept confidential and private. Please direct questions to top@topvietnamveterans.org.

Please allow us to get to know you: (Use back of application and additional pages if needed.)

1. Full Name: _____
2. Social Security Number: _____ - _____ - _____
3. Address: _____
City, State and Zip: _____
4. Telephone Numbers (with area code): Home: _____ Cell: _____
Fax: _____ Work: _____
5. Are you applying to go on the trip as a Vietnam veteran, family member, or educational participant? _____
(Education Program applicants, attach an explanation and justification for Education Program participation.)
6. E-mail is required during application & trip processes. All direction and instructions are sent via E-mail:
Primary E-mail Address: _____ Alternate address: _____
7. Date of Birth: ____/____/____ (Minors must be accompanied by parent or legal guardian on trips.)
8. Current marital status: ____ Single ____ Married ____ Divorced ____ Widowed
If married, how many years: _____ Name of spouse: _____
9. Names and ages of children, if any:

Age: _____

Age: _____

Age: _____

Age: _____
10. Occupation: _____
Employer Name & Address: _____
Include non-war work history where exposed to trauma and high-stress (law enforcement, paramedics, etc.): _____

11. Charity or humanitarian involvement and experience: _____

12. Education: Last Grade/Year Completed: _____
Degree(s)/Certificate(s): _____
Training: _____

13. Do you have a passport? ____ Yes ____ No

14. Please circle the best time(s) of the year for you to participate: Fall, Winter, Spring, Summer.

15. Please circle the worst time(s) of year for participation: Fall, Winter, Spring, Summer.

16. How did you learn about TOP? _____

Military Background: (Family applicants include Vietnam veteran family member's information to the best of your ability, as well as information personally relevant to you.)

1. Former branch of service: _____

2. Date(s) stationed in Vietnam (month/year):
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

3. Units assigned to: _____

4. MOS, occupation, and duties while in Vietnam: _____

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

6. Military awards and decorations: _____

7. Wounded? ____ Yes ____ No If Yes, please describe injuries, disability awarded for your wounds, circumstances, and related existing challenges, medications and/or requirements: _____

8. Agent Orange exposure? ____ Yes ____ No If Yes, please describe existing challenges, disability awarded, considerations, medications or requirements related to AO exposure: _____

9. Have you been diagnosed with PTSD (Post Traumatic Stress Disorder), or suspect you have it? ____ Yes ____ No
If Yes, please describe existing challenges, disability awarded, considerations, medications or requirements: _____

10. Please list any other service-related recognized disabilities, disability awards, and challenges, considerations, medications, or requirements associated with such disability: _____

11. Type of military discharge: _____

12. Rank upon discharge: _____

Medical and Mental Health:

During the application process TOP provides direction for undergoing a medical examination to determine fitness and assessment for our trip, itinerary and activities. Costs associated with the exam are paid by application candidates. Please retain a copy of this section of your application for physician review upon examination, as well as page 6 which includes your signature.—these are given to the physician. If applicable, your mental health professional may be asked to confirm emotional fitness for the trip.

For your health and safety, consideration of trip fitness, ability assessment for activities, itinerary allowances, and personal requirements & restrictions, and in the event of an emergency, please share the following:

1. Name, address and telephone of your general practitioner:

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____-_____-____ Tel.: _____-_____-_____

2. If you have a primary therapist, psychologist, or psychiatrist, please list:

Name _____ Address: _____
City: _____ State: _____ Zip Code: _____-_____-____ Tel.: _____-_____-_____

3. If accepted, who will be your emergency contact:

Name: _____ Telephone: _____-_____-_____ Relationship: _____

4. In case of a medical emergency, please list medications you should not be given and reasons why (including, but not limited to, any medications which you are allergic to): _____

5. Trip meals are ordered for the group, and not individuals. Please list any food allergies, e.g., shellfish or peanuts, or dietary restrictions, we need to plan for, and be aware of: (Epipens will likely be required for such allergies): _____

6. Please list any diabetes, insulin/medication requirements, and related dietary & nutrition restrictions: _____

7. Please rate your overall general physical condition. On a scale of 1-9, where 1 is considered poor; 9 is excellent; 5 is fair (please circle the digit which best reflects your opinion):

Poor				Fair					Excellent
1	2	3	4	5	6	7	8	9	

8. Please rate your overall general emotional or mental health condition. On a scale of 1-9, where 1 is considered poor; 9 is excellent; 5 is fair (please circle the digit which best reflects your opinion or feelings):

Poor				Fair					Excellent
1	2	3	4	5	6	7	8	9	

9. Some trip instances may need lifting and carrying of items. Please approximate how much weight you can comfortably lift and carry for a moderate distance, without injury to yourself (and include any lifting restrictions): _____

10. Height: _____ Weight: _____

11. Do you smoke? _____ Yes _____ No

12. Have you been diagnosed with COPD—Chronic Obstructive Pulmonary Disease? _____ Yes _____ No

If Yes, please elaborate on diagnosis, treatment, restrictions, and requirements: _____

-
13. Please list and elaborate on any history of asthma, and include medications currently taking: _____

14. List and explain any history of heart-related problems, surgeries, implants, or issues, and include medication needed:

15. Please list any special considerations for warm and humid environments, if any: _____

16. Please list past, recent or future surgeries that may preclude you from participating in certain activities, or, require restrictions or precautionary considerations: _____

17. Please list any other chronic medical conditions and recommended medications (not previously covered): _____

18. Some of Vietnam remains primitive, rugged, and susceptible to weather (temperatures, humidity, rainfall). Certain areas require walking or hiking. Steep stairs, without elevators, are common. Please list considerations needing special accommodation, or assistance, and if considerations prohibit participation in more strenuous activities: _____

19. The trip itinerary is a group experience on a timetable. Please list situations and circumstances that may require extra time to be built into the schedule and itinerary, to accommodate and compensate for your individual needs: _____

20. Please list any additional restrictions as determined by physicians or mental health professionals: _____

21. TOP encourages 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: _____
22. Please list any non-combat related PTSD, abuse, or traumatic events you have experienced, unrelated to Vietnam: ____

23. Please list any other mental health diagnosis (unrelated to PTSD); include recommended treatment and/or medications for such condition(s): _____

24. Please list any past or present alcohol or drug addictions: _____

25. TOP has a no-alcohol drinking policy during the daily working itinerary. Please elaborate on any challenges, objections, or issues, you might have with not drinking during the working portion of the trip: _____

26. The trip itinerary usually consists of two-weeks of full days and daily meetings at the end of each day. Please elaborate on any sleep, rest, or fatigue challenges you may have on such a schedule: _____

Are you employed by: (i) TOP Vietnam Veterans, (ii) an organization that is controlled by a director of TOP Vietnam Veterans, (iii) a member of the board of directors and/or an advisory committee of TOP Vietnam Veterans, or (iv) related by blood or marriage to anyone described above? ____ Yes ____ No
If yes, please explain: _____

List any other information which you feel we should know: _____

A limited number of full or partial sponsorships might be awarded to veterans and family members based on need, financial assessment and available TOP funds. Do you wish to be considered for possible financial assistance? ____ Yes. If Yes, financial aid applications are available on our TOP web site at www.TOPVietnamVeterans.org/finap.pdf and should be submitted with this General Trip Application.

Please read, acknowledge and sign the following:

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 AUTHORIZE ANY PERSON WITH RELEVANT CONFIDENTIAL INFORMATION TO RELEASE SAID INFORMATION TO TOP (TOURS OF PEACE) VIETNAM VETERANS AND I ACKNOWLEDGE THAT SAID INFORMATION WILL BE USED TO DETERMINE MY ELIGIBILITY AND JUDGE MY QUALIFICATION TO PARTICIPATE IN TOP VIETNAM VETERANS' PROGRAMS.

I UNDERSTAND I WILL BE RESPONSIBLE FOR COMPLETING A FOLLOW-UP QUESTIONNAIRE PACKET, CONSISTING OF A MENTAL HEALTH QUESTIONNAIRE AND OTHER ADDITIONAL FORMS.

I UNDERSTAND I WILL BE REQUIRED TO READ AND UNDERSTAND THE "TRIP HANDBOOK," AND SIGN AN ACKNOWLEDGMENT AGREEING TO FOLLOW THE RULES, GUIDELINES, POLICIES, DIRECTION, SUGGESTIONS AND INSTRUCTIONS COVERED IN THE "TRIP HANDBOOK."

I UNDERSTAND THAT IF SELECTED, I WILL SIGN A WAIVER THAT RELEASES TOP VIETNAM VETERANS AND OTHERS OF ANY AND ALL LIABILITY THAT MAY ARISE DUE TO MY PARTICIPATION IN THIS PROGRAM.

I UNDERSTAND A TELEPHONE INTERVIEW WITH A TOP REPRESENTATIVE IS NECESSARY TO PARTICIPATE IN THE PROGRAM. IT WILL BE MY RESPONSIBILITY TO MAKE MYSELF AVAILABLE FOR THIS ACTIVITY.

I UNDERSTAND THAT I WILL BE REQUIRED TO UNDERGO A MEDICAL EXAMINATION TO DETERMINE IF I AM IN SUFFICIENT HEALTH TO PARTICIPATE IN SUCH A PROGRAM. I UNDERSTAND THAT I BEAR THE COST OF THE EXAMINATION AND/OR ANY TESTS ASSOCIATED WITH THE EXAM.

I UNDERSTAND THAT, IF APPLICABLE, MY MENTAL HEALTH PROFESSIONAL MAY BE ASKED TO CONFIRM MY EMOTIONAL FITNESS FOR THE TRIP.

I UNDERSTAND THAT I AM REQUIRED TO HAVE DEPENDABLE E-MAIL/INTERNET ACCESS WHICH ACCEPTS TOP E-MAILS, AND I ACKNOWLEDGE THE NEED TO BE RESPONSIVE TO MY E-MAIL

RELATED TO TOP.

I UNDERSTAND THAT IF SELECTED, I WILL NOT DRINK ALCOHOL DURING THE WORKING ITINERARY AGENDA, WHICH INCLUDES THE BREAKFAST AND LUNCH MEALS.

I UNDERSTAND THAT IF SELECTED, I WILL NOT TAKE ILLEGAL DRUGS ON THE TRIP.

I UNDERSTAND A “TOUR OF PEACE” IS UNLIKE A VACATION. IF SELECTED, I AM REQUIRED TO PARTICIPATE, AS A GROUP MEMBER, IN AN ITINERARY OF FULL PHYSICAL & EMOTIONAL DAYS AND EVENINGS; INCLUDING VISITING MEANINGFUL SITES, CHARITY WORK, TOURIST SITES, LEARNING ABOUT VIETNAM AND THE CULTURE, AND DAILY (OFTEN AT NIGHT) GROUP MEETINGS WITH A GROUP SUPPORT COMPONENT. IF SELECTED, I WILL BE PRESENT, ATTEND, ACTIVELY PARTICIPATE, AND CONTRIBUTE TO ALL SCHEDULED TOP ITINERARY ACTIVITIES AND EVENTS.

I UNDERSTAND I MAY BE DECLARED INELIGIBLE AT ANY PHASE OF THE APPLICATION PROCESS.

I UNDERSTAND TOP VIETNAM VETERANS MAY TERMINATE MY INVOLVEMENT IN ANY OF ITS PROGRAMS AT ANY TIME.

Applicant Signature

Date

Printed Name

Parent or Guardian Signature

Date

Printed Name

Veterans and Family Program applicants, please attach copy of veteran’s Form DD214 to application. Please mail to: TOP Vietnam Veterans, 8000 S. Kolb Road, Suite 43, Tucson, AZ 85756-9275.