



**ALTERNATIVE HEALTH AND PHYSICAL FITNESS PROGRAM
APPLICATION**

First Name	Last Name	Date of Birth Month/Day/Year	Email
Home Address	City and Zip Code	Mailing Address if Different Than Home	Phone Number

Questions 1-5 Service Members/Veterans only. Family Members please skip directly to question number 6.

1. Service Branch		2. Years Served	
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3. Were you involved in overseas operations Y/N*		4. Do you have a service-connected disability? Y/N*	
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5. If you are a family member applying for one of Impact Montana's programs, what is your relationship to the service member?	
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6. Which Impact Montana facility partner do you plan on using and in which city/town?	
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7. How often do you plan on using this facility per week?	
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<u>Gyms and Physical Fitness Programs ONLY</u> 8. Outside of this Program how often per week do you interact with peers that you may participate in the activity with?*	
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9. Are you willing to Volunteer in the community to support Impact Montana?	
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IMPACT MONTANA

WARRIOR STRONG ⚡ MONTANA STRONG

Impact Montana's physical fitness and alternative care policies apply. Please refer to the end of the application for further information.

*These questions will be used for research and to validate Impact Montana programs. All private information will be kept for internal use only and will be separate from research data. Research data will be shared with IM stakeholders and potential stakeholders.

How do you think this assistance will impact your physical and social fitness:

What other Veteran/military support programs do you receive support from?

Applicant's Signature

Date

Impact Montana Representative Signature

Date

Each participating facility contributes to the Impact Montana Physical Fitness and Wellness Program by reducing their membership rates at a mutually agreed upon rate with Impact Montana. The participant's reduced monthly contribution will be based on the associated fees related to the specific membership and on available funding and organizational determination. New applications are due by the last day of the month and will be reviewed by IM by the 10th of the month for following month implementation, unless otherwise arranged by Impact Montana. Program participants are highly encouraged to support Impact Montana through volunteering and sharing our organizational mission and purpose with other potential supporters and benefactors. By signing this application the individual releases Impact Montana from all liability and agrees to provide non-identifiable personal information to remain as part of research and program development. Sponsored individual must fill out monthly participation form and facility must provide a monthly record of attendance (provided by IM). This program and policy is subject to change without notice based on Impact Montana organizational needs.