

Vacation Application



Complete the Application and email as attachment to:
support@operationfobparadise.org

One of the following documents must accompany this application as evidence of your eligibility:

DD 214, DD 215, Current Copy of Military ID Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Tell us about yourself on a separate attached sheet, how you were injured, your history of Military Service, the extent of your injuries and what you are doing now, including whether you are still in the Military or you are medically retired.

If you have a record from the VA detailing your percentage of disabilities, please send to us.

Service: (Check One)

Army____ Marine Corps____ Navy____ Air Force____ Coast Guard_____

Component: (Circle One)

Active Reserve National Guard Retired

Pay Grade: (Circle One)

E1 - E2 - E3 - E4 - E5 - E6 - E7 - E8 - E9 WO - CW02 - CW03 - CW04 - CW05 O1 - O2 - O3 - O4 - O5 - O6

Marital Status: (Circle one) yes no

List of all immediate family members who would want to go on vacation and their ages:



Are you medically discharged for wounds or injuries sustained in combat operations?

(Circle one) yes no

While serving in the Military did you ever receive an Article 15 (Circle one) yes no
We are currently not accepting personal that have received an Article 15.

Were you awarded a Purple Heart as a result of your injuries? (Circle one) yes no

Do you or a member of your family use a wheelchair? (Circle one) yes no
*Jamaica is a third world country and wheel chair is access is not available.

Do you or a member of your family require any other special services?

(Circle one) yes no

(Explain) _____

Would you and your family like to participate in a taped interview while visiting a resort?

(Circle one) yes no

How did you hear about us? _____

Please note: The completion of this application does not guarantee that you will be selected for a vacation as we have many requests for vacations and a limited amount of funds. You will be notified within 90 days if you are selected to receive a vacation.

If you are selected you hereby give Operation FOB Paradise permission to put pictures of you and your story on our website for advertising purposes, primarily to raise more funds for Warriors and their families to go on Vacations.

If you are selected for a vacation you will need to agree to a waiver of liability against Operation FOB Paradise our board members, employees and our donors and sponsors for anything happening to you while on vacation.