

# WOUNDED WARRIOR PROJECT<sup>®</sup> REGISTRATION



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## WARRIOR INFORMATION

\* Please note, verification documents will be requested for approval

Name \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email (personal) \_\_\_\_\_  
 Address\*\* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\* If no current address, please list home of record

## FAMILY SUPPORT/EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Gender:  M  F Birthdate \_\_\_\_\_  
 Please register as my family support member Relationship to warrior \_\_\_\_\_ Number of children \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email (personal) \_\_\_\_\_  
 Address (if different from warrior) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SERVICE-RELATED INFORMATION

Branch:  Air Force  Army  Coast Guard  Marines  Navy | Rank: E \_\_\_\_\_ O \_\_\_\_\_ W \_\_\_\_\_  
 Service Start Date \_\_\_\_\_ (Anticipated) Service End Date \_\_\_\_\_  
 Service Status:  Active  Discharged  National Guard  Pending Med Board  Permanent Disability Retired List (PDRL)  Reserve  
 Retired  Temporary Disability Retired List (TDRL)  
 Type of Discharge:  Honorable  General Under Honorable Conditions  Administrative  
 General Under Other Than Honorable Conditions  Bad Conduct Discharge  Active  
 Please list any imminent danger areas where you may have served \_\_\_\_\_

## INJURY, ILLNESS, OR WOUND-RELATED INFORMATION

Type of injury, illness or wound:  Amputee  Blind  PTSD  SCI  SFW/GSW  TBI  Burn  Visual Impairment  
 Hearing Impairment  Mental Health  Orthopedic  Other: \_\_\_\_\_  
 Geographical Location \_\_\_\_\_ Estimated Date of Occurrence \_\_\_\_\_  
 Are you receiving Department of Veterans Affairs Compensation?  Yes  No | If yes, what percentage? \_\_\_\_\_  
 Have you been awarded a purple heart?  Yes  No

## PROGRAM-RELATED INTEREST

Social Support/Engagement  Mental Health  Physical Health  VA Benefits Assistance  Employment Assistance  
 Other: \_\_\_\_\_

How familiar are you with WWP Programs & Services?  
 Not at all familiar  Slightly familiar  Somewhat familiar  Moderately familiar  Extremely familiar

### THREE WAYS TO SUBMIT THIS COMPLETED FORM:

Fax to:  
904.296.0561

Scan and email to:  
registration@woundedwarriorproject.org

Mail to:  
Wounded Warrior Project  
Attn: Registration  
4899 Belfort Rd. Suite 300  
Jacksonville, FL 32256