



Montana Veterans' Aquatic Program (MVAP) Participation Application

Veteran Application

Full Legal Name: _____

Phone Number / Email

Branch of Service: Army Navy Air Force Marines
 Coast Guard Space Force Guard Reserve

Component: Active Duty Guard Reserve

Character of Discharge: Honorable General (Under Honorable) Other

Disability Rating Information

Do you have a VA disability rating? Yes No

Combined Disability Rating: 0% 10% 20% 30%
 40% 50% 60% 70% 80% 90% 100%

(Please provide VA Rating Decision Letter)

Swimming Ability: Non-swimmer Beginner
 Intermediate Advanced

SCUBA Diving Experience

Do you have any SCUBA experience? If so, please describe below. Leave blank if no experience

Would you like to assist with the MVAP Mission?

Yes No

If so, how would you assist the MVAP Team?

What do you do for a living? Do you have any hobbies?

What do you hope to accomplish by participating with MVAP events?

Verification & Signature

Veteran Status Documentation Provided: DD-214 VA ID / VHIC State Veteran ID

Applicant Signature:

Date: