

UPLIFTING OUTDOORS

380 Bilger Ln, Philipsburg, Pa 16866

Dream Hunt & Fishing Experience Application



A Message From Our Founder: CJ Coudriet

Thank you for your interest in a Dream Hunt or Fishing Experience through **Uplifting Outdoors**.

Our mission is simple but meaningful: to bring hope, purpose, and unforgettable outdoor experiences to **children with life altering illnesses and disabled veterans** who are facing difficult challenges. We believe time spent outdoors can provide hope, motivation, and moments of peace during some of life's toughest battles.

When I was given my Elk hunt in Oregon, it was life-saving. Growing up as an outdoorsman, it was my dream hunt. But, it wasn't just a hunt. It was my reason to keep battling cancer & to never stop believing I would win. It was hope and a reason to keep fighting so I could make it to that hunt. It was truly a life-saving experience.

Now even while my own battle still continues, I want to return the favor and give that type of hope, fight, and kindness to children with life altering illnesses or disabled veterans when they need it most. The types of experiences we are going to provide include: Whitetail Hunts, Pheasant Hunts, Walleye Fishing Trips, and more.

Currently, we are accepting applications from disabled veterans of any age, as well children & young adults between the ages of 10–21 with life altering illnesses. Because these experiences require significant planning, volunteer coordination, and specialized accommodations, our application process is detailed. The information you provide helps us:

- Ensure each experience is **safe and appropriate**
- Properly accommodate medical, physical, and accessibility needs
- Match each applicant with the **best possible outdoor opportunity**
- Allocate limited resources fairly and responsibly

We understand that some questions may feel personal. Please know that every application is reviewed with **care, confidentiality, and respect**. Your honesty helps us create an experience that is meaningful, safe, and tailored specifically to the applicant.

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Dream Hunt / Fishing Experience Application

Please print clearly with sufficient details. Incomplete applications may delay or remove you from consideration.

All applications must be mailed with required documentation.

APPLICANT INFORMATION

Applicant Name

First Name: _____

Last Name: _____

Parent or Legal Guardian (required if applicant is under 18 or requires assistance)

First Name: _____

Last Name: _____

Relationship to Applicant: _____

Who is applying for this experience? (check one)

Wounded / Disabled Veteran

Child / Young Adult with Life Altering Illness (Ages 10-21)

Applicant Date of Birth (MM/DD/YYYY): _____

Gender:

Male

Female

CONTACT INFORMATION

Email Address: _____

Phone Number: _____

Mailing Address: _____

Street Address: _____

Address Line 2 (if applicable): _____

City: _____

State: _____

ZIP Code: _____

Country: _____

MEDICAL / DISABILITY INFORMATION

Please tell us about the applicants illness or service disability

(Include diagnosis, how it occurred, and how it impacts daily life.)

Has a physician certified this condition as life-threatening?

Yes

No

PHYSICAL & MENTAL LIMITATIONS

Summary of Physical Limitations

(Can you walk, climb stairs or ladders, stand for long periods, etc.? Please explain.)

Are you wheelchair bound?

- Yes
- No

Do you have any mental or cognitive limitations that we should be aware of?

- Yes
- No

If yes, please explain:

OUTDOOR EXPERIENCE & ABILITY

Have you hunted before?

- Yes, very experienced
- Yes, a little
- No, never hunted

Have you ever killed an animal while hunting?

- Yes
- No

Have you ever used a firearm?

- Yes
- No

Can you safely hold and operate a firearm?

- Yes
- No

With your illness or disability, are you able to pull a trigger?

- Yes
- No

Have you ever been on an outdoor experience like this before?

- Yes
- No

REQUIRED MEDICAL VERIFICATION

Physician Confirmation of Illness or Disability (REQUIRED)

Please include a signed note from a licensed physician confirming the applicant's condition & providing approval to travel if you are selected for a trip

I confirm that I have included a signed note from the applicant's physician verifying the applicant's condition and confirming that the applicant is medically approved to travel if selected.

RELEASES & ACKNOWLEDGEMENTS

Applicant Certification

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Media Release Authorization

All medical, personal, and sensitive information provided in this application is strictly confidential. This information will only be reviewed by the Uplifting Outdoors Board of Directors and will not be shared with any outside parties.

If my application is accepted for a Dream Outdoor Experience, I grant Uplifting Outdoors permission to share my name, story, photos, videos, and general experience details for marketing and promotional purposes.

No medical records or sensitive personal information will be shared. Content will be used solely to help raise awareness and reach others who may be facing similar challenges.

I agree to share my story or my child's story

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

What Would This Trip Mean to You?

Please also include a written letter about why you would like to go on a hunt or fishing trip. Besides enjoying the experience, what would it mean to you?

I confirm, I have included a written letter about what this experience would mean to me

Do You Have Your Hunters Safety Course?

If you have your hunters safety course, please provide a copy of it. Please also list when you got it.

Date: _____

How Many People Will be Coming With You?

Our foundation launched in December 2024, so our resources are still limited at this time. We can only accommodate a limited number of people, but we will do the best we can.

How many people will be attending?: _____

MAILING INSTRUCTIONS

Please complete the application as well as all additional required documentation. When complete, please mail your application to:

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