

DOUGLAS COUNTY VETERANS
ADVISORY BOARD APPLICATION FORM

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE NO. _____ EMAIL _____

PLEASE CHECK ANY VETERANS SERVICE ORGANIZATIONS YOU ARE A MEMBER OF AND A PHOTO COPY OF YOUR MEMBERSHIP CARD. BLACK OUT YOUR MEMBERSHIP NUMBER.

American Legion Daughters of the American Revolution Disabled American Veterans

Veterans of Foreign Wars Vietnam Veterans of America

OTHERS NOT NOTED ABOVE

IF YOU ARE NOT A MEMBER OF ANY NATIONALLY RECOGNIZED VETERANS SERVICE ORGANIZATIONS PLEASE ATTACH A COPY OF YOUR DD214 OR DISCHARGE PAPERS. PLEASE BLACKOUT YOUR SOCIAL SECURITY NUMBER OR SERVICE NUMBER.

HOW MANY HOURS PER MONTH DO OR HAVE YOU SPENT SUPPORTING VETERANS OR VETERANS FAMILY PROGRAMS _____

PLEASE DESCRIBE WHAT YOU DO OR HAVE DONE TO SUPPORT VETERANS AND OR VETERANS FAMILIES

WHY DO YOU WANT TO SERVE AS A DOUGLAS COUNTY VETERANS ADVISORY BOARD MEMBER?

