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

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

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APPROVED BY DOUGLAS COUNTY VETERANS ADVISORY BOARD 1-4-19