Kent County Michigan **VETERAN ACTION BOARD APPLICATION**

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| **DATE:** | |  | | | | **NAME:** |  | | | | | | | | | | | **BIRTH DATE:**  **(Month and Day Only)** | |  |
| **MAILING ADDRESS:** | | |  | | | | | | | | | | | | | | | | **APT NO:** | |
| **CITY:** |  | | | | | | | | | **STATE:** |  | | | | | **ZIP CODE:** |  | | | |
| **HOME PHONE #:** | | | | |  | | | **CELL #:** |  | | | | **EMAIL:** | |  | | | | | | |
| **Best Way to Contact You:** | | | |  | | | | | | | | | | | | | | | | |
| **Currently Experiencing Homelessness?**   Yes  No | | | | | | | | | | | | **Experienced Homelessness in the Past?**   Yes  No | | | | | | | | |
| **Are you a Veteran of the United States Military (have you ever served in the military)?**  Yes  No | | | | | | | | | | | | **Military**  **Branch:** | | **Are you active duty?**  Yes  No | | | | | | |
| **How did you hear about us?** | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTARY DISCLOSURE SECTION** *(This information will be used for statistical purposes only.)* | | | | | | | | | | | | | | | | | | | | |
| Please check any categories you feel you best represent as a Veteran:  **I do *not* wish to provide this information at this time.** | | | | | | | | | | | | | | | | | | | | |
| Youth (18-24)  LGBTQ  55+  Person with a disability  Returning Citizen  Currently/formerly homeless  Refugee/Immigrant | | | | | | | | | | | | | | | | | | | | |
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| **RACE (You may mark more than one option)** | | | | | | | | | | | | | | | | | | | | |
| **White**   **Black/African American**   **Native Hawaiian or Other Pacific Islander**   **Asian**  **American Indian or Alaskan Native**  **Hispanic/Lantix**  **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |

We appreciate your interest in serving on the Veteran Action Board and we are committed to representing a broad and diverse array of Kent County Veterans. Why apply for the Veteran Action Board? You can make a difference in your community, directly impact Kent County Coalition to End Homelessness policies and action steps, receive compensation for your time and expertise, build your resume, develop leadership skills, and gain experience in local democracy.

Please complete this application and submit it to the Ending Veteran Homelessness Action Board nominating committee by emailing Anna Diaz ([adiaz@communityrebuilders.org](mailto:adiaz@communityrebuilders.org)). All applications are due by Thursday, December 31st, 2020. Please complete all sections of this form to the best of your ability and contact us if you have any questions.

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**VETERAN ACTION BOARD APPLICATION (*continued)***

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| **EMPLOYMENT INFORMATION (employers will not be contacted).** | | | | | | | | | | | | | |
| **Are you employed?**  No  Yes | | | | **Full Time**  /  **Part Time /**   **Looking for Job /**  **Retired /**  **Student Job** | | | | | | | | | |
| **Employer Name:** |  | | | | | | | | **Job Title:** |  | | | |
| **Employer Address:**  **(Please check to see if your employer will match your volunteer hours.)** | | |  | | | |  |  |  | | |  | |
| **SKILLS AND INTERESTS** | | | | | | | | | | | | | |
| **Why are you interested in the Veteran Action Board:** | | | | | | | | | | | | | |
| **Please indicate the best days and times you are available to participate on the Veteran Action Board: M/T/W/TH/F/S TIMES:\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Professional Licensing/Degrees:** | | | | | | | | | | | | | |
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| **Hobbies/ Interests/ Special Skills:** | | | | | | | | | | | | | |
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| **Volunteer Experience and/or Community Engagement Activities:** | | | | | | | | | | | | | |
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| **Languages other than English:** | | | | | | | | | | | | | |
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| **Is there anything else you would like us to know about you?** | | | | | | | | | | | | | |
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| **EMERGENCY INFORMATION: Who should we contact in the event there is an emergency?** | | | | | | | | | | | | | |
| **Emergency Contact:** | |  | | | **Relationship to you:** |  | | | | | **Contact Information:** | |  |
| **Emergency Contact:** | |  | | | **Relationship to you:** |  | | | | | **Contact Information:** | |  |
| *I attest that the above information is true and accurate to the best of my knowledge.* | | | | | | | | | | | | | |
| ***Signature: Print Name: Date:*** | | | | | | | | | | | | | |