Kent County Michigan **VETERAN ACTION BOARD APPLICATION**

We appreciate your interest in serving on the Veteran Action Board. 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 all sections of this form to the best of your ability, and contact us if you have any questions. Completed forms can be mailed to Community Rebuilders, Attn: Engagement & Outreach Functional Specialist, 1120 Monroe Ave NW, STE 220, Grand Rapids, MI 49503.

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **DATE:** | |  | | | | **NAME:** *(First/last)* |  | | | | | | | | | | **BIRTH DATE:**  *(Month/day only)* | | |  |
| **MAILING ADDRESS:** | | |  | | | | | | | | | | | | | | | | **APT/STE #:** | |
| **CITY:** |  | | | | | | | | | **STATE:** |  | | | | | **ZIP CODE:** | |  | | |
| **HOME PHONE:** | | | | |  | | | **CELL PHONE:** |  | | | | **EMAIL ADDRESS:** | |  | | | | | | |
| **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/were you active duty?**  Yes  No | | | | | | |
| **How did you hear about us?** | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTARY DISCLOSURE INFORMATION** *(This information will be used for statistical purposes only)* | | | | | | | | | | | | | | | | | | | | |
| **Please check any categories you feel best represent you as a veteran:**  **I do *not* wish to provide this information at this time.**    Youth (18-24)  55+  LGBTQIA+  Person with a disability  Returning citizen  Refugee/immigrant  Currently/formerly homeless | | | | | | | | | | | | | | | | | | | | |
| **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/Latinx  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |

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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 | | | | | | | |
| **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 of an emergency?)* | | | | | | | | | | |
| **Emergency Contact:** | |  | | **Relationship to you:** |  | | | | **Contact Information:** |  |
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| **ATTESTATION** | | | | | | | | | | |
| *I attest that the above information is true and accurate to the best of my knowledge.*  **Signature: Print Name: Date:** | | | | | | | | | | |