



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.

PERSONAL INFORMATION			
DATE:	NAME: <i>(First/last)</i>	BIRTH DATE: <i>(Month/day only)</i>	
MAILING ADDRESS:			APT/STE #:
CITY:	STATE:	ZIP CODE:	
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:	
Best way to contact you:			
Currently experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Experienced homelessness in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran of the United States military / have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Branch:	Are/were you active duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?			
VOLUNTARY DISCLOSURE INFORMATION <i>(This information will be used for statistical purposes only)</i>			
Please check any categories you feel best represent you as a veteran: <input type="checkbox"/> I do <i>not</i> wish to provide this information at this time.			
<input type="checkbox"/> Youth (18-24) <input type="checkbox"/> 55+ <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Person with a disability <input type="checkbox"/> Returning citizen <input type="checkbox"/> Refugee/immigrant <input type="checkbox"/> Currently/formerly homeless			
RACE: <i>(You may mark more than one option)</i>			
<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Other _____			

VETERAN ACTION BOARD APPLICATION *(Continued)*

EMPLOYMENT INFORMATION <i>(Employers will not be contacted)</i>		
Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Looking for Job <input type="checkbox"/> Retired <input type="checkbox"/> Student		
Employer Name:	Job Title:	
Employer Address: <i>(Please check to see if your employer will match your volunteer hours)</i>		
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:		
Hobbies / Interests / Special Skills:		
Volunteer Experience and/or Community Engagement Activities:		
Languages other than English:		
Is there anything else you would like us to know about you?		
EMERGENCY INFORMATION <i>(Who should we contact in the event of an emergency?)</i>		
Emergency Contact:	Relationship to you:	Contact Information:
Emergency Contact:	Relationship to you:	Contact Information:
ATTESTATION		
<i>I attest that the above information is true and accurate to the best of my knowledge.</i>		
<u>Signature:</u>	<u>Print Name:</u>	<u>Date:</u>