

County of Asotin

Application for Appointment to the Veterans Advisory Board

\_\_\_\_\_ New Applicant                      \_\_\_\_\_ Request for Reappointment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_ Number of Years in County \_\_\_\_\_

Occupation: \_\_\_\_\_

Specific to this committee and required by statute, the Veterans Advisory Board is comprised of veterans from either local branches of nationally recognized veteran’s service organizations or the veteran’s community at large, or both, to serve on the board. Only veterans are eligible to serve as board members.

Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Veteran Service Organization Membership: \_\_\_\_\_

Your background, special skills or knowledge which you believe would be an asset to this board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in serving on the Veterans Advisory Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What limitations (if any) would be placed on the time you would be available for meetings and other activities?

\_\_\_\_\_  
\_\_\_\_\_

Additional information you would like considered:

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to use extra pages if necessary for any answer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date