

Department of Veterans Affairs

Application Form- Advisory Committee for Minority Veterans

Salutation: Mr Mrs. Ms. Dr.

Last Name: _____ First Name: _____ Middle Int: _____ DOB _____

Address 1: _____ E-Mail Address: _____

Address 2: _____ Home Phone: _____

City: _____ State _____ Zip _____ Work Phone: _____

Race: White Native American or Alaskan Native Asian Other

Black or African American Native Hawaiian Pacific Islander

If Native American, Please state the Tribe you are affiliated: _____

Ethnicity Hispanic or Latino Not Hispanic or Latino

Branch of Service Navy Air Force National Guard

Army Marine Coast Guard

Highest Rank or Pay Grade Attained:

Years of Military Service:

Military Status Active Reserve

Discharged Retired

Primary Military Career Field: Designator

MOS:

AFSC:

Specialty:

Are you a member of any Veterans Organization* _____

What activities do you do on behalf of Veterans* _____

Briefly explain your interest to be on the Advisory Committee for Minority Veterans*.

Other Community Service Work* _____

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* Should you need any additional space, please use the back of this application or attach to application

How did you hear about the Advisory Committee for Minority Veterans?

VA Website Center for Minority FACA Notice Friend / Associate Other: _____

Please attach your resume or bio, 3 reference w/ contact info. and a copy of your DD214: Please forward all documents via mail or Fax to the following address / Fax	Department of Veterans Affairs Center for Minority Veterans (OOM) 810 Vermont Ave, NW Washington, DC 20420	Phone Number: 202-461-6191 Fax Number: 202-273-7092
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I authorize the verification of the information provided on this form.

Signature of applicant:

Date: