

Department of Veterans Affairs

Application Form- Advisory Committee for Minority Veterans

Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Last Name: _____ First Name: _____ Middle Int: _____ DOB _____		
Address 1: _____		E-Mail Address: _____
Address 2: _____		Home Phone: _____
City _____	State _____	Zip _____ Work Phone: _____
Race: <input type="checkbox"/> White <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander If Native American please state the Tribe you are affiliated: _____		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air force of <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard/Reserves Service	
Highest Rank or Pay Grade Attained: _____	Years of Military Service: _____	Military <input type="checkbox"/> Active <input type="checkbox"/> Reserve Status <input type="checkbox"/> Retired <input type="checkbox"/> Discharged
Primary Military Career Field:	Designator: _____	MOS: _____
	AFSC: _____	Specialty _____
Are you a member of any Veterans Service Organizations? _____ _____		
What activities or work do you do on behalf of Veterans? _____ _____		
What are your professional and personal qualifications? _____ _____		
Do you have experience working in large and complex organizations? _____ _____		
Please list Veterans related issues that you are considered a subject matter expert. _____ _____		
Please list your deployments and the role you played in planning and/or executing that deployment. _____ _____		
Briefly explain your interest to be on the Advisory Committee for Minority Veterans. _____ _____		

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Please list any other community service work:

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

VA Website Center for Minority Veterans Friend/Associate FACA Notice Other

Please Attach your resume or bio, 3 references w/contact information, and a copy of your DD 214: Please forward all documents via mail or fax to the following address/fax

Department of Veterans Affairs
Center for Minority Veterans (00M)
810 Vermont Avenue, Northwest
Washington, D.C. 20420

Phone # 202-461-6191
Fax # 202-273-7092

I authorize the verification of the information provided on this form.

Signature of applicant: _____ Date: _____

Thank You For Your Service!