

Lenawee County Department of Veterans Affairs
Appointment Application

Please complete and return this questionnaire, along with any additional information you would like to be considered to the

Lenawee County Department of Veterans' Affairs
 Attention: Rules & Appointments Committee
 1040 S. Winter St. Ste. 3017
 Adrian, MI 49221

Email: veterans.affairs@lenawee.mi.us

Fax: (517) 264-5334

Board/Committee Position for which you would like to be considered:

Lenawee County Department of Veterans' Affairs Executive Committee

Is this an application for reappointment? Yes No How long have you served _____

Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Are you a United States Citizen Yes No Registered Voter Yes No

Lenawee County Resident Yes No At least 18 years of age Yes No

Have you ever been convicted of a felony? Yes No

Are you an active duty (other than for training purposes) honorably discharged veteran?
 Yes No Please attach a copy of your proof of active military service (DD Form 214).

Present Appointments

| Board/Committee & Title | Dates Served |
|-------------------------|--------------|
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Previously Held Appointments

| Board/Committee & Title | Dates Served |
|-------------------------|--------------|
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Briefly indicate any special skills/experience that would you bring to this committee (such as experience in public service, business, finance, networking and/or have knowledge of our community’s financial need programs, resources and related agencies).

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Proof of honorable active-duty service (other than for training purposes) in United States Armed Forces is required. Please attach a copy of your DD Form 214.

I, _____ certify that all statements and representations provided in this application and on accompanying materials, to the best of my knowledge, are true and accurate.

Signature: _____ Date: _____