

U.S. Department of Veterans Affairs
Application Form-Veterans Rural Health Advisory Committee

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Last Name: _____ First Name: _____ Middle _____ Initial: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____@_____

Home Phone: _____ Work Phone: _____

Race (Check as many as apply):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Branch of Service:

☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard ☐ National Guard/Reserves

☐ N/A

Years of Military Service: _____ Military Reserve Status: ☐ Active ☐ Retired ☐ Discharged

Are you a member of any Veterans Service Organizations (VSO)? ☐ Yes ☐ No

If yes, please specify: _____

Please list the Veteran-related topics for which you are considered a subject matter expert.

Briefly explain your interest in serving on the Veterans Rural Health Advisory Committee.

Please attach a letter of interest and your resume and a biography.

Letter(s) of recommendation are encouraged but not required.

Forward via U.S. mail or email to:

Department of Veterans Affairs

Office of Rural Health (10P1R)

810 Vermont Avenue NW

Washington, D.C. 20420

Phone: 202-632-8615

VRHAC@va.gov

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

Signature of applicant: _____ Date: _____