

**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: _____