



Disabled Veterans Outdoors

Our way of saying "THANK YOU"

Board of Directors Application

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____

Veteran: Yes/No Branch: _____ Rank: _____ Years served: _____ Disability: Y/N

What Values and Skills can you bring to the organization?: _____

By signing this application, I swear to uphold the Values and Mission of Disabled Veterans Outdoors (DVO), to follow the Constitution and Bylaws and Code of Conduct of the same, and conduct myself with integrity, honesty, and respect. I also swear to keep the best interest of the organization in mind and will strive to lead by example. I do this of my own free will and in good faith.

Printed Name: _____

Passed by Board: Yes / No

Signature: _____

Date: _____

Date: _____

Office or Position: _____

Board Officer Signature: _____

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