

## VMHC Application

### Section 1.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Section 2.

**Which position are you applying for?** \_\_\_\_\_

**Why do you want to be on the council?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How can you assist the council to achieve its mission? Functions? Goals?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other organizations you have belonged to? What position within the organization did you hold?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Occupation (or past occupation if retired):** \_\_\_\_\_

\_\_\_\_\_

**Other information that will help us make a match (such as education/general interests/hobbies):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Section 3.**

**I am a veteran:** \_\_\_\_\_ **Family member:** \_\_\_\_\_

**Community partner:** \_\_\_\_\_

**Please explain what type of community partner:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have received a copy of the council bylaws: Y** \_\_\_\_\_ **N** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received by council on:** \_\_\_\_\_

**Approved or disapproved by council on:** \_\_\_\_\_

**Reason for disapproval:** \_\_\_\_\_