

APPLICATION FORM FOR Iowa Veterans Foundation Board Member

Please Return To:

Iowa Veterans Foundation, INC

623 6th Ave

Council Bluffs, Iowa 51501

Phone (712) 328-5797 Fax: (712) 328-5726

Application For: Iowa Veterans Foundation Board Member

Date _____ E-Mail Address _____

Name _____

Address _____

Phone Number _____ Fax Number _____

Business Phone _____ Cell Phone _____

Female

Male

Veteran

Dates of Military Service In: _____ Out: _____ Character of Service _____

A copy of all DD214's must be provided for verification

Place of employment and position (and/or activities such as hobbies, volunteer work, service Organization memberships etc. that you may qualify you for this position):

The following questions will assist the IVF Executive Board in is selection.

How much Time will you be willing to devote in this position?

Interest in Appointment: Describe in detail why you are interested in serving on the Iowa Veterans Foundation. Include information about your background that supports your interest.

Contributions you feel you can make to the Iowa Veteran Foundation:

Direction/role you perceive of the Iowa Veterans Foundation:

In lieu of/in addition to the above, do you have any comments to add that may assist the Executive Board in it's selection?

Please provide two references who may be contacted on your qualifications for this position.

Name	Address	Phone Number	Email Address	Relationship
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Have you reviewed the responsibilities of an Iowa Veterans Foundation member?

_____yes_____no

I certify that there is nothing that would prohibit me from serving on this Board.

Signature _____ **Date** _____

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND
DISTRIBUTED FOR THE PUBLIC.