## APPLICATION FORM FOR Iowa Veterans Foundation Board Member Please Return To:

## Iowa Veterans Foundation, INC PO Box 20

## Avoca, Iowa 51521

## secretary@iowaveteransfoundation.org

<b>Application For:</b>	lowa Veterans Foun	dation Board Men	nber		
Date E-Mail Address					
Phone Number Fax Number					
Business Phone Cell Phone			one		
		□ v	eteran		
Dates of Military	Service In:	Out:	Character of Service		
A copy of all DD2	214's must be provid	ed for verification			
• •	•	-	ch as hobbies, volunteer work, service ou for this position):		
The following qu	estions will assist th	e IVF Executive Bo	oard in is selection.		
How much Time	will you be willing to	o devote in this po	sition?		
• •			re interested in serving on the Iowa background that supports your		

Contributions you feel you can make to the Iowa Veteran Foundation:					
Direction/role you perceiv	e of the Iowa Veterans Foun	dation:			
In lieu of/in addition to the	e above, do you have any co	mments to add that m	av assist the		
Executive Board in it's sele		minerits to add that in	ay assist the		
Please provide two reference Name Address	nces who may be contacted Phone Number	on your qualifications Email Address	for this position. Relationship		
Have you reviewed the resno	sponsibilities of an Iowa Veto	erans Foundation mem	nber?		
I certify that there is nothi	ng that would prohibit me fr	om serving on this Bo	ard.		
Signature	D.	ate			

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.