

## **DAV NOMINATING QUESTIONNAIRE**

NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

OFFICE SOUGHT: \_\_\_\_\_

PERIOD OF MILITARY SERVICE: \_\_\_\_\_

ARE YOU A SERVICE-CONNECTED DISABLED VETERAN? \_\_\_\_\_

ARE YOU A MEDICALLY DISCHARGED VETERAN? \_\_\_\_\_

IS YOUR DISCHARGE HONORABLE? \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

D.A.V. OFFICER EXPERIENCE: \_\_\_\_\_

D.A.V. COMMITTEE EXPERIENCE: \_\_\_\_\_

MEMBERSHIP RECRUITMENT INVOLVEMENT: \_\_\_\_\_

HOW MANY MEMBERS HAVE YOU RECRUITED? \_\_\_\_\_

D.A.V. VOLUNTEER EXPERIENCE: VA HOSPITAL \_\_\_\_ CHAPTER HEADQUARTERS \_\_\_\_

WHAT TYPE OF VOLUNTER PROGRAMS? \_\_\_\_\_

WHY DO YOU WANT TO BE A CHAPTER OR DEPARTMENT OFFICER IN THE D.A.V.? \_\_\_\_\_

WHAT OFFICES HAVE YOU HELD?

CHAPTER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

NATIONAL: \_\_\_\_\_

IF SELECTED, ARE YOU ABLE AND WILLING TO TRAVEL? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_