



## Program Application

This document, once submitted, is **COMPANY CONFIDENTIAL**.

Would you rather fill out this form with a member of the VETTV team? If yes, please email us at [apply@veterans-tv.org](mailto:apply@veterans-tv.org) and someone from the VETTV team will get in touch with you.

NAME:

Preferred name:

I am a Veteran \_\_\_\_\_ I am the spouse or dependant of a veteran or active service member \_\_\_\_\_

Name and relation of military member if other than yourself:

DOB:

Address:

Gender:

Pronouns:

Cell Phone:

E-mail:

Branch of Military:

Rank achieved:

Years Served:

Reason(s) for leaving Service:

Any illness, injuries or other medical issues that would limit your ability to work:

Work Specialty in Service:

Pre-military Work Experience:

Post-military Work Experience:

Any leadership/managerial Experience? If YES, please list:

Do you currently have a job?  Yes •  No •  Part time •

If Yes, what is your current job and responsibilities?

Are you currently utilizing the services of the Veterans Administration? If YES, please explain:

Why are you applying for a spot in this program?

Do you have any Comments or Questions?

By signing this application, you understand that before acceptance into the program, all applicants will meet briefly with VA psychologist C. Page Brown, Psy.D.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date:    /    / 201\_\_

Applications can be mailed to:

VETV  
Program Application  
578 Sutton Way, # 318  
Grass Valley, CA 95945

Or

uploaded and emailed to: [apply@veterans-tv.org](mailto:apply@veterans-tv.org)