



VVA Service Officer Application

Name of Applicant: _____ Date: _____

PERSONAL INFORMATION [This information is for **internal use only**. It will not be public.]

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Address: _____

WORK INFORMATION [This information will be **published on our VVA website** if you become an accredited VVA service officer.]

Work Phone: _____ Work Email: _____

Work Address: _____ Work Fax: _____

Work Mailing Address (if different than above): _____

EMPLOYMENT HISTORY (Answer YES or NO)

Are you currently employed by the Federal Government or US Postal Service? _____

Are you currently serving in the military (active or reserve service)? _____

NOTE: Federal law provides that you may not obtain or retain accreditation while employed by the Federal government, USPS or the military.

MILITARY SERVICE

Are you a veteran? _____ **If YES, please submit a copy of your DD-214.**

Reason and Character of each discharge: _____

If you received a less than honorable discharge for any period of service, please explain the circumstances and provide any relevant documentation.

EDUCATION

High School: _____ Location (city & state): _____

Date of graduation (if applicable): _____ Date of completion of GED (if applicable): _____

Name of college(s), date(s) of graduation, & degree(s) received:

Other relevant education experience:

Have you ever worked in an area of veterans affairs/benefits before? _____ If so, please describe when, for whom, where, and the nature of your duties.

Have you had any training that you think particularly prepares you to be a service representative? If so, please describe.

SKILLS & AVAILABILITY

Do you own or have access to a computer to perform service officer duties? (Y or N) _____

Where do you plan to work as a VVA service officer?

Work as a service representative often involves going to the local VA Regional Office (VARO) to meet with VA adjudicators or represent a veteran at a hearing.

Where is the nearest VARO to you? _____

Approximate distance from your office or home: _____

Do you have transportation to visit that VARO during the weekdays? _____

Are you available during the weekdays to visit that VARO? _____

Why do you want to be a VVA service representative, and why do you think you are a good candidate to become a VVA service representative?

QUALIFICATIONS (Answer YES, NO or N/A)

1. I have received a copy of the Veterans Benefits Program Policies and understand that I must adhere to the Policies when conducting activities as a VVA accredited service officer. _____
2. I currently have a government-issued VA PIV Card. _____
3. I understand that if I do not timely receive a government-issued VA PIV Card, it could result in revocation of my accreditation with Vietnam Veterans of America. _____
4. If you were previously accredited with another organization, has your accreditation ever been terminated at the request of that organization? _____
5. Have you ever been convicted of a felony or a misdemeanor involving fraud, bribery, deceit, theft, or misappropriation? If yes, please explain below. _____

I qualify to become an accredited service officer with VVA for the following reason(s):

- I am a member in good standing of VVA (Membership #: _____)
- I am a paid employee of a VVA State Council or chapter and working not less than 1000 hours annually.
- I am an employee of a county or state veterans service agency and work not less than 1000 hours annually.
- I am a dually accredited Service Officer through a Memorandum of Agreement or Memorandum of Understanding between VVA and another service organization.

If you are currently accredited with another veterans service organization, please list all of these organizations below:

I affirm that all the information given on this form is true and accurate as of this date. After completing this application (pages 1-4), I affirm that I have or plan to provide a copy to the state council president(s) of the state(s) that I plan to work as a VVA accredited service officer. I understand that the state council president is required to complete the VVA recommendation form supporting my application.

SIGNATURE OF APPLICANT

DATE

Please mail or fax your completed application to the applicable State Council President(s). If you are unsure who to send your application to, please call Elaine Chaney at 301-585-4000, ext. 136.