

Application for AVVA Service Representative Basic Training

Deadline to submit:

Date Received by AVVA:

Received by:

Please mail or fax your application to:

**Mrs. Nancy S. Switzer
Interim Director
Associates of Vietnam Veterans of America
751 Coldwater Road
Rochester, New York 14624**

**PHONE: (585) 737-2169 – Cell
FAX: (585) 227-6145
EMAIL: switzer3@frontiernet.net**

If faxing this application, please email at the above address within 24 hours to confirm that your fax has been received. Thank you.

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Mailing address for future correspondence (Failure to notify AVVA of an address change may result in your not receiving important correspondence).

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Fax#: _____ E-mail: _____

AVVA Membership #: _____ AVVA Chapter # (if any): _____

EMPLOYMENT HISTORY:

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 during the time you are employed by the Federal government, USPS or the military, you may not obtain or retain accreditation.

Name and complete address of current employer: _____

Years employed there: _____

Occupation and nature of duties: _____

Previous employment: _____

If unemployed, state for how long: _____

Are you a veteran: _____

If so, please submit a copy of your DD-214

Branch and dates of military service: _____

Reason and character of each discharge: _____

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

Please note that if you are receiving benefits from the Department of Veterans Affairs on the basis of individual unemployability or a psychiatric disorder, accreditation and working as a service representative may be considered evidence of an improved condition that could result in the VA reducing or severing your benefits. Social Security Disability Insurance benefits may be similarly affected.

EDUCATION:

Name of high school, location and date of graduation: _____

Date of completion of GED (if applicable): _____

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

Other relevant education or work experience: _____

SKILLS AND TRAINING:

Can you type? _____

Can you use a computer? _____

Do you own or have access to a computer? _____

Have you had any legal, medical or first aid training? _____ If so, please describe: _____

Have you ever worked in the 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: _____

PERSONAL INFORMATION

Is there any personal information about you that might not reflect favorably upon AVVA if you became a service representative? For example, have you been convicted of a felony, on parole/probation; been involved in any incident that has received adverse local or national publicity; or been fired or forced to resign from a job because of misconduct. If so, or if there is anything else that you think we should be aware of, please describe that here (attach a separate sheet, if necessary). This information is required because the AVVA must attest to your good character and reputation when seeking your accreditation through the VA. Please explain the circumstances surrounding any reported events or circumstances. If a conviction is involved, please state your current probation or parole status, if applicable.

Are you in receipt of service-connected VA disability benefits for a physical or psychiatric disorder(s) (please specify each)?

If so, what is/are your disability evaluation(s) ratings(s)? _____

Combined rating: _____

Are you receiving VA benefits due to individual unemployability as the result of service-connected disability? _____

AVAILABILITY:

Assuming you were not paid any salary or reimbursed for any expenses, how many hours each week would you work in the capacity of an AVVA service representative?

Is there an office in which you would work, and if so, can you staff the office with regular hours? If so, please describe the facility:

If not, where do you propose to work? _____

Working as a service representative, will you fill out monthly reports, etc? _____

Work as a service representative often involves going to the local VA Regional Office (VARO) to review veterans' claims files, meet with VA adjudicators, etc. Where is the nearest VARO to you?

Approximate distance from your office or home: _____

Do you have transportation to visit that VARO? _____

Are you available during weekdays to visit that VARO? _____

ESSAY: (Please attach hereto)

In no less than 500 words, please describe: (1) what you believe the duties and responsibilities of a service representative include; (2) why you want to be an AVVA service representative; (3) how do you feel that you can make a difference as an AVVA service representative; (4) why you think you are a good candidate to become an AVVA service representative; and (5) what is your impression of the current VA claims processing and health care systems.

RECOMMENDATIONS SUPPORTING YOUR APPLICATION

This recommendation is to be completed by the appropriate State AVVA President/Representative. If there is no State AVVA president/Representative in your state, please contact the AVVA Director of Veterans Benefits.

Name of Applicant: _____

Name and title of person preparing this recommendation:

Address: _____

Phone: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

If the applicant is not known to you, have you interviewed the applicant and determined that he or she meets the legal requirements for becoming, and has the physical and psychological capacity to work as, an AVVA service representative?

Yes: _____ No: _____

Approximately how many requests for service have been directed to you or the state you represent during the past year, either from AVVA members or from veterans in your community? _____

What is your plan to utilize a service representative? For example: will the representative be working full-time out of the State Association or AVVA chapter office, the representative's home, a local VA Regional Office or another VA facility? Will you be conducting an outreach program to educate and recruit clients? Will the representative be working in conjunction with volunteer lawyers, a Vet Center, the VA or state/county agency in your area?

NOTE: If the State Association has no actual plan for supporting and utilizing the service of this individual as an accredited service representative at this time; or if you are unable to certify as to the applicant's ability, character or eligibility under VA laws and

regulations to work, or become accredited as, a service representative, please do not ask that we train and seek to accredit this individual.

How and to what extent will this person be financially supported? _____

How will the state association monitor the applicant's activities as a service representative? _____

Signature of Sponsoring State Association
President/Representative

Date: _____

Please also submit two (2) letters of recommendation
Example: AVVA member, veteran, employer, organization
(This does not include a relative)