

VFW APPLICATION FOR ACCREDITATION

General - In order to present claims and gain access to certain information concerning veterans and others seeking benefits from the Department of Veterans Affairs (VA), the law requires that a recognized veterans service organization certify that the individual is of good character and has a basic understanding of benefit programs administered by VA. The information on this application will be used by the VFW to determine whether it will ask VA to accredit you.

Requirements for completion and submission

Please complete this application. A response to each question is required. If a question does not apply to you please place N/A in the area provided for a response. Incomplete applications will not be processed. Both this form AND the VA Form 21, Application for Accreditation as Service Organization Representative, must be completed. Complete, sign and submit both applications to the VFW Department (state) commander of the state where employed. The Department commander will verify the information contained on both applications. Applications recieved without a Department Commander's approval will not be processed by the National Veterans Service.

NAME

LAST NAME

FIRST NAME

FULL MIDDLE NAME

Have you ever used a different name: ☐ NO ☐ YES

If yes, please provide complete name and describe circumstances of name change:

Name: _____

Circumstance: _____

CONTACT INFORMATION

Business E-Mail Address: _____

EMPLOYMENT HISTORY

Current Employer:

From: *use format mm/dd/yyyy* To:

Name of Employer

Address of Employer

Position Title: _____

Have you ever been fired, laid off, or released from a job? ☐ NO ☐ YES

If yes, please explain: _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? *(exclude traffic violations, except DUI)* ☐ NO ☐ YES

If yes, list conviction(s) & state(s) where convicted: _____

Describe Offense(s): _____

Please attach a separate sheet if additional space is needed.

SERVICE OFFICER EXPERIENCE

Are you *currently* a veterans service officer? ☐ NO ☐ YES

If yes, for what organization? _____

From:

use format mm/dd/yyyy

To:

currently

If you are a State employee or County Service Officer, please list the specific State/County.

Please provide the name, address and phone number for your immediate supervisor.

Supervisor's Name

Address

City

State/Zip

Area Code & Phone #

Have you previously worked as a veterans service officer? ☐ NO ☐ YES

If yes, for what organization? _____

From: *use format mm/dd/yyyy*

To:

Location: _____

Reason for leaving: _____

I affirm the foregoing to be true to the best of my knowledge. Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested may be cause for rejection of this application or later cancellation of my accreditation. Failure to complete the Employment & Criminal History sections accurately and honestly will result in cancellation of accreditation.

Signature of Applicant

Date of Signature

Daytime phone # of Applicant