

2015
Veterans For Christ, Inc.
Application &
Emergency Contact
Information



Date _____

Veterans Name _____

Street Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____

Honorable Discharge (Yes) (No) Branch of Service _____

Registered at the Veterans Administration (Yes) (No)

\$30.00 Application Fee Paid (Yes) (No) Date _____

Area of interest/expertise _____

Special Skill(s) _____

What would you like to do as a Veteran for Christ?

Emergency Contact _____

Phone # _____ Cell # _____

Relationship: Wife ___ Husband ___ Son ___ Daughter ___ Other ___

Physicians Name _____

Office Phone # _____

Emergency Phone # _____

The Veterans for Christ, Inc. is a Non-Profit 501(c) 19 Veterans
Organization
www.veteransforchristinc.org