



Richard H. Stewart, Jr.

American Legion Post 543

**VET 2 VET PROGRAM - APPLICATION**

DATE OF REQUEST / /

Name of applicant's sponsor \_\_\_\_\_

Phone number of applicant's sponsor (\_\_\_\_\_) \_\_\_\_\_

By completing this application, I agree and understand that the information I have provided is as true and accurate as possible.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

City: \_\_\_\_\_, North Carolina

Zip Code: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Branch of Service: \_\_\_\_\_ DD-214 ATTACHED -- Y/N

Dates Served on Active Duty: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(Applicants Signature)

WITNESS: \_\_\_\_\_  
(Sponsoring Post Veteran's or Service Officer Signature)

- AREA OF CONCERN:     JOB / WORK     EDUCATION     MENTOR
- GUIDANCE     MEDICAL     VA CLAIMS ASSISTANCE
- SELF-EMPLOYMENT GUIDANCE     OTHER \_\_\_\_\_

# APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I understand that all personal information provided to representatives of The Richard H. Stewart, Jr., American Legion Post 543, St. James, North Carolina will be held in strict confidence and will be shared only with those for whom I have given permission as listed below, in order to facilitate the response to my request for assistance:

1. The member of American Legion Post 543 who has been identified to me as my "sponsor": (name) \_\_\_\_\_
2. The member of American Legion Post 543 Executive Committee who has been assigned to assist: (name) \_\_\_\_\_
3. The Commander of Post 543: (name) \_\_\_\_\_
4. Members of the Post 543 Executive Committee, as identified by the Post Commander, who have a need to know specific information to complete my assistance request.
5. Other individuals and agencies as listed below:
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

YOU HAVE MY PERMISSION TO LEAVE MESSAGES ON MY VOICE MAIL ASSOCIATED WITH TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

I have read and understand all items on this page and by my signature authorize representatives of Richard H. Stewart, Jr., Post 543 to proceed with the processing of my application for assistance.

Applicant Signature: \_\_\_\_\_ DATED \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_  
(Sponsoring Post Veteran's or Service Officer's Signature)