

VETERAN OF THE MONTH (VOM) NOMINATION FORM

Please read the Nomination Guidelines prior to completing this form.

Along with this completed form, please make sure you include the Veteran's DD-214, and the Veteran of the Month Nominee Contributions Sheet. Nominee must sign at the bottom of this sheet for nomination to be valid.

Nominee _____ Telephone _____

Email Address _____

Home Address _____

Date & Place of Birth _____

Year & Location of Nevada Residency _____

Nominator's Name _____ Telephone _____

Email Address _____

Home Address _____

I have read the nomination guidelines and attest that the information included in the Nomination Form and Nominee Contributions Sheet is accurate and true. If selected as a "Veteran of the Month" I agree to attend a public appearance with the Nevada Department of Veterans Services.

Signature of Nominee (required)

Date _____

PLEASE SEND NOMINATION PACKETS TO:

Nevada Department of Veterans Services
Attention: Pamela Roberts
6880 S. McCarran Blvd., Building A, Suite 2
Reno, NV 89509

VETERAN OF THE MONTH (VOM)
NOMINEE CONTRIBUTIONS

Nominee: _____
Branch/Length of Service: _____
Nominator: _____

Direct volunteer support to veterans:

Volunteer support to the military:

Volunteer support to the community:
