

ASSOCIATES OF VIETNAM VETERANS OF AMERICA

SERVICE OFFICER APPLICATION



Together Always®

MAIL OR EMAIL TO: *SHARON HOBBS*
AVVA NATIONAL PRESIDENT
3619 JOHN SIMS RD
CHATTANOOGA, TN 37412-1810
BLONDYHOBBS@AOL.COM

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MILITARY SERVICE (not a requirement for AVVA certification)

Are you a Veteran? Yes No
 If yes, submit a copy of your DD-214, please

EDUCATION (starting with the most recent)

High School/College	City/State	Years attended / graduated	Diploma/Degree

Other relevant education experience:

Have you ever worked in an area of veterans affairs/benefits before? Yes No

If yes, 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? Yes No
If so, please describe.

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SKILLS & AVAILABILITY

Do you own or have access to a computer to perform service officer duties? Yes No

Where do you plan to work (physical location) as an AVVA service officer? _____

In what state(s) do you plan to work as an AVVA Service Officer?: _____

Work as a service representative often involves going to the local VA Regional Office (VARO) to meet with VA adjudicators or represent a veteran at a hearing.

Do you have transportation to visit that VARO during the weekdays? Yes No

Are you available during the weekdays to visit that VARO?

Where is the nearest VARO to you? _____

Approximate distance from your office or home: _____

Why do you want to be a AVVA service representative, and why do you think you are a good candidate to become an AVVA service representative?

QUALIFICATIONS (Answer Yes, No, or N/A)

I have received a copy of the Veterans Benefits Program Policies and understand that I must adhere to the Policies when conducting activities as a AVVA accredited service officer. (if yes, sign and return last page w/app) Yes No N/A

I currently have a government-issued VA PIV Card. (if yes, send copy w/ app)

I understand that if I do not timely receive a government-issued VA PIV Card, it could result in revocation of my accreditation with Associates of Vietnam Veterans of America.

If you were previously accredited with another organization, has your accreditation ever been terminated at the request of that organization?

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Have you ever been convicted of a felony or a misdemeanor involving fraud, bribery, deceit, theft, or misappropriation? If yes, please explain below:

	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I qualify to become an accredited service officer with AVVA for the following reason(s):

- I am a member in good standing of AVVA
- I am a paid employee of a VVA State Council or chapter and working not less than 1000 hours annually.
- I am an employee of a county or state veterans service agency and work not less than 1000 hours annually.
- I am a dually accredited Service Officer through a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) between AVVA and another service organization.

If checked, list the organization(s) where you hold accreditation:

1 _____ 2 _____ 3 _____

ATTACH TWO LETTERS OF RECOMMENDATION. i.e. AVVA member, veteran, or employer.

I affirm that all the information given on this form is true and accurate as of this date. After completing this application (pages 1-4), I affirm that I have, or plan to provide a copy to the AVVA State Representative or President of the state(s) that I plan to work as an AVVA accredited Service Officer. I understand that the state elected AVVA official (or Regional Director if no elected state official) is required to complete the AVVA recommendation form supporting my application.

SIGNATURE OF APPLICANT

DATE:

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Mail, fax, or scan your completed application (pages 1-4) and the **State Supporting Endorsement** form to the applicable AVVA State Representative(s) or President(s) for completion.

Afterwards, submit all documents to:

Service Officer Program
Sharon Hobbs, AVVA National President
3619 John Sims Rd
Chattanooga, TN 37412-1810

CHECK-OFF LIST

- Signed and completed application
- Endorsement from State Representative, President, or Regional Director if applicable
- PIV Card (if applicable)
- Signed Policy Manual acknowledgement (last page of SO Policy Manual)
- Two (2) letters of recommendation
- DD-214 (if applicable)
- Copy of NVLSP completion certificate (not required until after applicant has been accepted to the program)