

ASSOCIATES OF VIETNAM VETERANS OF AMERICA
STATE SUPPORTING ENDORSEMENT

This endorsement is to be completed by the applicant's AVVA State Representative or President. If the applicant intends to work for clients in a state other than that of his or her residence, a copy of this must be completed by that state's AVVA State Representative or President as well. In the case of no elected AVVA state official, the AVVA Regional Director must complete.

Name of Applicant: _____ Date: _____

Person completing this document: _____ Title: _____

Phone # _____ Email: _____

BACKGROUND KNOWLEDGE

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

If the applicant is not known to you, have you interviewed the applicant and determined that he or she meets the legal requirements for becoming, and has the physical and psychological capacity to work as, an AVVA Service Representative?

Yes No

Do you certify that, to the best of your knowledge and belief, this applicant is of good character and reputation?

Yes No

Is there anything you would like us to know about this applicant?

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STATE (OR CHAPTER) SUPPORT

Will the State (or Chapter) provide any support to the applicant:

	Yes	No
Office space:	<input type="checkbox"/>	<input type="checkbox"/>
Office supplies (e.g. copy machine, computer): _____		
Transportation:	<input type="checkbox"/>	<input type="checkbox"/>
Salary:	<input type="checkbox"/>	<input type="checkbox"/>
Training:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____		

STATE OVERSIGHT

NOTE: If the State is not able to certify as to the applicant's ability, character, or eligibility under VA laws and regulations to work or become accredited as a service representative, please do not ask that we train and seek to accredit this individual.

I affirm that all the information given on this form (page 1-2) is true and accurate as of this date. I also affirm that I have reviewed the applicant's completed AVVA Service Officer Application for completion and accuracy.

Signature of AVVA State Representative or President

Date

OR:

Signature of AVVA Regional Director, if applicable

Date

This document must accompany the Application for AVVA Service Representative Training. Please return to the applicant after completing and signing.