



APPLICATION FOR MEMBERSHIP

Read the Privacy Act & Certification Statements at the end before you complete this application.
Please Type or Print clearly in BLACK ink.

Recruiting Officer:

Date:

GENERAL INFORMATION:

1. NAME: (Last, First, MI.)
2. HOME ADDRESS: (Street Name & No., Apt.#, City, State, Zip Code, Country)
3. Country of Citizenship: _____
4. Last Four Digits of Social Security Number: _____
5. Home Phone: _____ E-mail Address: _____
6. Place of Birth: (City, State, Country, Date of Birth, Current Age)
7. Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____ Blood type _____
8. Are you: Single _____ Married _____ Widow/Widower _____ Divorced _____
9. Name of Next-of-Kin Address _____

MILITARY SERVICE:

10. Have you served in Military Services? YES NO Country of Service? _____
If yes Branch _____ From _____ to _____ AFSC: _____ Highest Rank _____
If more than one Branch _____ From _____ to _____ AFSC: _____ Highest Rank _____
If you served in any Armed Forces, a copy of your separation papers must accompany this application.

BACKGROUND INFORMATION:

11. Have you even been arrested or convicted of a crime other than a traffic violation? YES NO
If yes: Give details as to place and circumstances, and police agency:

EMPLOYMENT EXPERIENCE:

12. Name and Address of Current Employer:
13. Your immediate supervisor's name, telephone number, and exact title of your job:
14. List every employment you have had for the past (5) years, including periods of unemployment:
(From – To, Business Name, Address, Occupation or Title, include State, Country, Zip)

EDUCATION:

15. Did you graduate from high school? If you have a GED or will graduate in the next 9 months, say "yes"

If YES-give year Graduated: _____; if NO-give highest grade completed _____

16. Name and location (City and State) of the high school you attended or where you obtained GED equivalency.

Name: _____ City: _____ State: _____

17. Do you have a college or Graduate degree? YES-give year Graduated: _____

Type of Degree: _____

18. Name and location (City and State) of the College.

Name: _____ City: _____ State: _____

LICENSES:

19. List licenses or certificates you have, such as: registered nurse; lawyer; radio operator; driver; etc.

Name: _____ Date: _____

Name: _____ Date: _____

State or other Agency: _____

RESIDENCES HISTORY:

18. List all residences (of 90 days or more) for the past ten (10) years. Start with your immediately previous residences and carry back through to your first residence, or ten years, whichever comes first, leaving no gaps in time. (Show only Month and Year From-To, Street City State Zip Code, Country)

GENERAL STATEMENTS OF UNDERSTANDING:

a. I understand that members of 'Global Veterans For Peace' serve in a voluntary capacity and do not receive pay for their service.

b. No applicant for appointment with Global Veterans For Peace shall be denied such appointment to a position or rank for which they are otherwise qualified because of applicant's race, color, gender, religion, or national origin.

c. I understand that by signing herein, I am declaring my intent to abide by all terms and conditions to become a member of Global Veterans For Peace. I declare that I do so without any undue influence, mental reservation or pretense.

d. I understand Global Veterans For Peace annual membership dues are \$120.

PRIVACY ACT STATEMENT:

Authority for collecting this information is section 3013 of Title 10 to the US Code, and Executive order 9397.

Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title United States Code 552a). The information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies as required to investigate your statements. Furnishing the information on this form, including the last four digits of your Social Security Number is voluntary, but failure to do so may result in disapproval of this membership.

SIGNATURE CERTIFICATION, AND RELEASE OF INFORMATION:

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

a. A false statement on any part of your application may be grounds for not enlisting you, or for discharging you after you are enlisted.

b. I understand that any information I give may be investigated as allowed by law.

c. I hereby consent to the release of information about my ability and fitness for enlistment in Global Veterans For Peace by employers, schools, law enforcement agencies and other individuals and organizations to investigators personnel staffing specialists, and other authorized members of Global Veterans For Peace.

Signature (sign application in black ink) Date Signed (Mo/Day/Year)

(Please make checks payable to Global Veterans For Peace)

GlobalVetsForPeace.org
Federation of Veteran's
Organizations for Global Peace
A California 501(c)(3) Non-Profit
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