

# **GREENE COUNTY VETERANS SERVICE AGENCY**

## **HONOR A VET PROGRAM**

### **INSTRUCTION AND SUBMISSION PACKET**



#### **SUBMISSIONS TO:**

**MICHELLE ROMALIN BLACK, DIRECTOR  
GREENE COUNTY VETERANS SERVICE AGENCY  
159 JEFFERSON HEIGHTS, SUITE D-303  
CATSKILL, NEW YORK 12414**

# ELIGIBILITY AND INSTRUCTIONS

## *ELIGIBILITY*

**RESIDENCY:** Nominee shall be a long-term resident of Greene County who has continued to maintain strong ties to the county up to date of nomination.

**MILITARY SERVICE:** Veteran must have served honorably in any branch of U.S. Military on Active Duty or activated with the Guard or Reserves.

## *INSTRUCTIONS*

**PROFILE:** This packet includes a three-page profile form and two (2) additional lined pages to write out a brief biography of the candidate's military service. Fill in the profile form completely; and, use the blank lined pages to elaborate on the details of the candidate's military career and community service, if applicable: e.g., how he/she decided to join, or if they were drafted, where they went through training, what they did in the military: their job title and description of their duties, geographical locations they went to, war(s) or war era(s) they served in, experiences they had, and an account of how they received any medals or awards; did they participate in community organizations such as the American Legion or VFW, or the Elks, Rotary Club etc. Did they work with youth? Volunteer at Church? You may add any other information you feel is pertinent.

Please ensure that all information provided is true and accurate. Verification must be submitted of military service and all awards, medals, honors etc. that you have claimed to be true and accurate. Any award that cannot be verified by documentation will be omitted from the application before submitted to the Committee for selection. Any application found or known to contain notable inaccuracies will not be submitted to the Committee for selection.

**SUBMISSIONS:** Please send all submissions directly to Greene County Veterans Service Agency at 159 Jefferson Heights, Suite D-303, Catskill, NY 12414, in person, or by mail. Submissions may also be uploaded and e-mailed to [veterans@discovergreene.com](mailto:veterans@discovergreene.com). For questions or clarification of instructions, please call Greene County Veterans Service Agency at (518) 943-3703. Dates are subject to change.



**GREENE COUNTY HONOR A VET  
MEMORIAL CEREMONY (MAY)**

**Deadline Date: 3<sup>rd</sup> Tuesday in March**

Will typically be on Armed Forces Day (Saturday prior to Memorial Day Weekend)



**GREENE COUNTY HONOR A VET  
VETERAN OF THE YEAR CEREMONY (NOV)**

**Deadline Date: Tuesday after Labor Day**

Will typically be on 1<sup>st</sup> Saturday of November

1. Veteran's Name: \_\_\_\_\_

2. Periods of military service: ( ) WWII ( ) Korean ( ) Vietnam ( ) Persian Gulf  
( ) OEF/OIF ( ) Other: \_\_\_\_\_

3. Community of Residence: \_\_\_\_\_

Number of Years in Greene County: \_\_\_\_\_

Verified By \_\_\_\_\_

*(Please enclose proof of residency)*

4. Military History:

Rank: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_

Dates of Military Service Entrance-Discharge: \_\_\_\_\_

Military Occupation: \_\_\_\_\_

Decorations & Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Military Discharge/DD 214 and proof of medals/awards must be attached)*

5. Personal History:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cause of Death if Due to Military Service: \_\_\_\_\_

\_\_\_\_\_

6. Education:

Name/Address Grade School: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Name/Address High School: \_\_\_\_\_

Years Attended: \_\_\_\_\_

Name/Address Secondary Education: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_ Major: \_\_\_\_\_

7. Work History:

Civilian Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

# of Years: \_\_\_\_\_

8. Community Service (if applicable):

Organizational Memberships (civic, veterans, fraternal, social and political):

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Other Community Service: \_\_\_\_\_

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9. Relatives:

Parents: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date Married: \_\_\_\_\_ Place: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Please use the next page(s) to write a brief biography of the Veteran's life using the outline you provided above.

Submission release:

Submitted By: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



