



*Mission: To give active and meaningful support to our city's veterans*  
*Vision: To become the leading resource to the City of Orlando's veteran community*

## Veterans Advisory Council Member Responsibilities and Requirements

1.	Mission	To define and support the organization's mission – its purposes, programs, and priorities; and to participate in periodic reviews of the mission and vision of what the organization wants to be and do in coming years.
2.	Attendance	To attend monthly Council meetings and represent the organization to the community. <i>*Councilmembers may miss no more than 2 unexcused meetings per year</i> <b>Councilmembers: To attend and participate in 3 of 4 annual Council events</b>
3.	Community	Be (and remain) a member in good standing of a major, local veteran-related organization
4.	Program support	To understand the various veteran-related causes/programs supported by the Council; to support the Executive Committee, including member recruitment; and be an advocate in the community.
5.	Financial support	Willingness to raise funds for veteran-related events
6.	Outreach	Willingness/capability to recruit new members
Personal Qualities		<ul style="list-style-type: none"> <li>• Concern for the Council's development and growth.</li> <li>• Sensitivity to and tolerance of different views, a friendly, responsive and patient approach to the work of the Council.</li> <li>• Willingness to prepare for and attend Council and committee meetings (as applicable), ask questions, take responsibility and follow through on given assignments.</li> <li>• Use your contacts to open doors in the community, cultivate and recruit Council members and other volunteers.</li> <li>• Learn and understand the veteran-related programs supported by the Council and the city of Orlando.</li> <li>• Have a sense of humor.</li> </ul>



CITY OF ORLANDO  
MAYOR'S VETERANS ADVISORY COUNCIL

## VETERANS ADVISORY COUNCIL MEMBER APPLICATION

*Please complete this form and forward it to Clare Hasler, Secretary. Please type or print clearly.*

Name: \_\_\_\_\_

Home or Work Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Military Branch of Service (if applicable): \_\_\_\_\_

I am affiliated with the veteran organization named below:

\_\_\_\_\_

Organization Address

\_\_\_\_\_

How can you contribute to the Council? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to serve on the following committee(s): *Please circle one or more*

1. Veterans Day Parade

2. POW/MIA Day

3. Website

4. Memorial Day

5. Other (please list): \_\_\_\_\_

### FOR EXECUTIVE COMMITTEE USE ONLY:

\_\_\_\_\_ Associate      \_\_\_\_\_ Councilmember      \_\_\_\_\_ Guest

Date Reviewed \_\_\_\_\_      Date Forwarded to Mayor's Office \_\_\_\_\_



**Biography of Orlando Mayor's Veteran's Advisory Council Members and Associate Members**

**Please attach your DD214 and white out the area of the social security number.**

Why did you join the military?

Summary of military accomplishments:

How does your organization assist with helping or providing service to Central Florida Veterans?

Why did you choose to join the Mayor's Veterans Advisory Council?