

Veterans Advisory Council (VAC) Application

The Sioux Falls VA Health Care System Veterans Advisory Council (VAC) is a diverse group of Veteran patients (including one non-Veteran family member or caregiver), which meets quarterly to share insight on how we can provide exceptional patient-centered care and become the health care provider of choice in our community. Please return this application to Darwin Goodspeed, Director #00 by April 30, 2014.

Date: _____

1. Name: _____

2. Last 4 SSN: _____

3. Veteran Era: (Mark one)

WWII Korean Vietnam Gulf War OEF/OIF/OND Other

4. Family member or caregiver of Veteran

5. Ethnicity (optional) _____

6. Gender _____

7. Are you willing to commit to the VAC for one year membership? If not, briefly explain.

Yes No

8. Are you able to travel to the Sioux Falls VA Health Care System to attend scheduled meetings? If not, briefly explain.

Yes No

9. Do you have access to a phone so you can participate in meetings if you cannot be physically present for a meeting?

Yes No

10. Please explain why you would like to be a member of the Sioux Falls VA Health Care System's Veterans Advisory Council?
