### Veteran Friendly Ministry (VFM) Enrollment

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Knoxville Regional Veterans Mental Health Council

Attn: Veteran Friendly Congregation Program

4812 Asheville Highway

Knoxville, Tennessee 37914

***ATTN: Veteran Friendly Ministry Program***

This letter is to certify that the Congregation: located at address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will complete the following:

[ ]  We agree to adopt or implement one or more Military Ministry Programs.

[ ]  We agree to advertise the existence of the Military Ministry Program(s) in one or more of our congregation publications (service bulletins, newsletters, etc.) so that their existence is easily visible to visitors, members, and leadership of the congregation.

[ ]  We provide permission to the Military Chaplains Association and the Knoxville Regional Veterans Mental Health Council and their affiliates to list our congregation information on their web site.

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Ministry Leader Contact Info:*

*Name:*  *email:*  *phone #:*

*Lay Leader Contact Info*

*Name:*  *email:*  *phone #:*

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### The Veteran Friendly Ministry (VFM) enrollment form is to signed by the Ministry CEO or designated Ministry