### Veteran/Military Friendly University

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

Knoxville Regional Veterans Mental Health Council

Attn: Veteran Friendly Congregation Program

4812 Asheville Highway

Knoxville, Tennessee 37914

***ATTN: Veteran Friendly Initiative***This letter is to certify that located at , will complete the following:

[ ]  We agree to adopt or implement one or more Veteran/Military Friendly programs.

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

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

[ ]  We would also like to be a Lead Congregation and help establish Military Ministries in universities and colleges in our vicinity. *[If this does not apply, erase or cross out this sentence.]*

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

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

*Contact Info:*

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

*Contact Info:*

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

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### The Veteran/Military Friendly University enrollment form is to be signed by the Manager or designated personnel.