### 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.