### Veteran Friendly Congregation (VFC) Enrollment

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

Knoxville Regional Veterans Mental Health Council

Attn: Veteran Friendly Congregation Program

4812 Asheville Highway

Knoxville, Tennessee 37914

***ATTN: Veteran Friendly Congregation 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.

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

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

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

*Clergy Contact Info:*

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

*Lay Leader Contact Info*

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

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### The enrollment form is to be signed *by the Rector, Pastor, Minister, Rabbi, or designated Congregation Leader.*