

VETERAN OF THE MONTH (VOM) NOMINATION FORM

Please read the Nomination Guidelines prior to completing this form.

Along with this completed form, please make sure you include the Veteran of the Month Nominee Contributions Sheet.

Nominee_____Telephone_____

Email Address_____

Home Address_____

Date & Place of Birth_____

Year & Location of Nevada Residency_____

Nominator's Name_____Telephone_____

Email Address_____

Home Address_____

PLEASE SEND NOMINATION PACKETS TO:

**Nevada Department of Veterans Services
Attention: David Johnson
6630 S. McCarran Blvd. Building C, Suite 204
Reno, NV 89509**

VETERAN OF THE MONTH (VOM)
NOMINEE CONTRIBUTIONS

Nominee: _____

Branch/Length of Service: _____

Nominator: _____

Direct volunteer support to veterans:

Volunteer support to the military:

Volunteer support to the community:
