



**SARATOGA
SPRINGS**
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Veterans Advisory Council Application

Completed applications may be returned to 1307 N
Comerce Drive, Saratoga Springs or submitted via email to
aharrison@saratogaspringscity.com

Name: _____
Address: _____
Phone #: _____
Email: _____

Veteran Spouse

Branch of Military Service: _____

Have you ever or are you currently volunteering for the city of Saratoga Springs?

If so, for what? _____

Have you ever been involved in any other local community groups?

If so, for what? _____

What would you hope to accomplish as a member of the Saratoga Springs Veterans
Advisory Council?

I attest that the information that I have provided is accurate and true.

Signature _____

Date _____

you may submit a resume with your application.