



General & Demographic Information

Name: _____

Address: _____

Phone: Home _____ Cell: _____ Email: _____

Preferred method of contact: _____ Home Phone _____ Cell Phone _____ Mail _____ Email

Alternate Contact (Name/Phone): _____

(This may be used in the event we are unable to reach you after a period of time – Relative, Friend, Neighbor, Service Officer, etc.)

Note: The following information is optional and will not be used to determine eligibility for our services. You will not be denied our services on the basis of race, color, sex, sexual orientation, creed, national origin, age, religion, political affiliation or belief, or disability. It is only being requested, collected and compiled in response to requirements for our federal grant.

1. Please select your gender: Male Female

2. Date of birth: _____

3. Please select your race/ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian (white; non-Hispanic origin) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African-American (non-Hispanic origin) | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other/Mixed race |

4. How did you hear about us?

- | | |
|---|--|
| <input type="checkbox"/> Our mailing packet | <input type="checkbox"/> Our Website (www.vetsprobono.org) |
| <input type="checkbox"/> A State Veterans Service Officer | <input type="checkbox"/> A County Veterans Service Officer |
| <input type="checkbox"/> A Veterans Service Organization (American Legion, DAV, VFW, etc.): _____ | |
| <input type="checkbox"/> Social Media (Facebook, etc.) _____ | |
| <input type="checkbox"/> The back page of your Board of Veterans Appeals Decision | |
| <input type="checkbox"/> The U.S. Court of Appeals for Veterans Claims | |
| <input type="checkbox"/> Other: _____ | |