

**Delaware Veterans Stand Down Veteran Registration**

**Please Print Clearly, complete this form in its entirety, and please turn in to a Registration Volunteer**

NAME \_\_\_\_\_

GENDER: Male  Female  AGE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

EMAIL If Applicable: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ NUMBER: \_\_\_\_\_

COUNTY OF RESIDENCE: New Castle  Kent  Sussex  Other

If you are not from the State of Delaware, please print your County and State: \_\_\_\_\_

FAMILY STATUS: Did any of your family members come with you today? Yes  No

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VETERAN STATUS: Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Highest Rank Achieved \_\_\_\_\_ Specialty/Military Occupation \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

\*\*\*\*\*

HOUSING STATUS: Are you at risk of becoming homeless? Yes  No

Are you currently homeless? Yes  No

If homeless, are you currently Unsheltered?  In a shelter?

At what location were you sheltered or currently sheltered? Emergency Housing  Motel

Transitional Housing  Hud-Vash Housing  With Family or Friends

If homeless, is your immediate family homeless also? Yes  No

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ADDITIONAL INFORMATION: Are you disabled? Yes  No

Are you currently receiving services from the VA? Yes  No

If so, where? \_\_\_\_\_ Do you have an acute illness? Yes  No

Are you employed? Yes  No  Do you have an income? Yes  No

Did you sign your Release of Liability Form? Yes  No  If, not please do so ASAP.

If you have a success story that you would like to share, please contact coordinator, Liz Byers-Jiron or a Registration Volunteer so that you may share your story. Please flip over this page and read, sign, and date your consent form for photographs, video, or voice recording. You must sign Yes or No.

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**CONSENT FOR USE OF PICTURE, VIDEO, AND/OR VOICE**

**I voluntarily, without compensation authorize pictures, videos, and or voice recordings to be made of me while I am at the Delaware Veterans Standdown, Schutte Park, 10 Electric Ave, Dover DE 19904.**

Yes  No  If you checked No, please sign and date directly below, and notify a registration volunteer to turn in your form and receive a yellow background nametag.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you checked Yes, please proceed below, then sign and date at the bottom of the page.

**I authorize disclosure of any pictures, videos or voice recordings to:**

Local/State Media/Newspaper and Stand Down Photographers/Staff/Volunteers covering the event.

**I understand that said picture, video, or voice recording is intended for the following purpose:**

In order to display all of the support from local/state/federal agencies/resources that are helping the Delaware Veteran community.

For historical records of each year Stand Down Event.

**I authorize disclosure of the picture, video, or voice recording to:**

Veterans Awareness Center, Foundation, 12385 Sussex Highway, Greenwood, Delaware 19950

Delaware Commission of Veterans Affairs, 802 Silverlake Blvd, Dover, Delaware 19904

Wilmington Veterans Administration and Community Based Clinics Dover and Georgetown.  
Wilmington VA Headquarters, 1601 Kirkwood Highway, Wilmington, Delaware 19805

Local and State Media/Newspaper and social media

I have read and understood the above. I further understand that my consent is voluntary and that no royalty fee or other compensation shall become payable to me. I understand that I may at anytime exercise the right to cease being filmed, photographed, or recorded and may rescind my consent at a reasonable time before the picture, video, or voice recording is used.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form may be returned to prior to the Stand Down event to:

[Info@VeteransAwarenessCenter.com](mailto:Info@VeteransAwarenessCenter.com)