



Durham

Veteran Research Engagement Panel (VetREP) Application

I. Contact Information

1) Name (Last, First, MI)

2) Mailing Address

3) City

4) Zip Code

5) Phone (include area code)

This is my:

mobile

home

work

6) Alternate Phone (include area code)

This is my:

mobile

home

work

7) Best time to reach you:

8) E-mail Address

9) Best way to contact you:

Phone

E-mail

Both

10) Are you a Veteran?

Yes (Go to Section II)

No (Continue to #11)

11) What is your relationship to the Veteran for whom you have significant involvement in his or her health care?

Spouse/spouse equivalent

Father

Mother

Son

Daughter

Other (please specify)

II. VA Health Care

12) Do you (or the Veteran you help care for) use VA health care services in North Carolina (includes care received at the Community-Based Outpatient Clinics and Health Care Centers)?

Yes

No

13) Where do you (or the Veteran you help care for) receive the majority of your care (e.g. Durham VAMC, Raleigh, Hillandale, etc.)?

III. Work and Volunteer Experience

14) Please describe your experience in the following areas:

a) Career/Profession

b) Volunteer Work

c) Organizational Memberships

IV. Statement of Interest

Why are you interested in serving as a Veteran Representative (100 words max)?

V. Expectations

As a Veteran Representative, you would be expected to attend meetings each year (no more than once a month) and actively participate in the meeting agenda.

16) Are you willing and able to meet this expectation?

Yes

No

Comments:

VI. Additional Information

We welcome many diverse viewpoints on VA research and invite individuals with different backgrounds and experiences to serve as Veteran Representatives.

17) Which one or more of the following would you say is your race (Check all that apply)?

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Don't Know/Not Sure

Other

18) Are you of Hispanic, Latino/a, or Spanish origin?

No, I am not of Hispanic, Latino/a, or Spanish origin

Yes, I consider myself to be of Hispanic, Latino/a, or Spanish origin

19) Are there one or more other underrepresented groups that you identify with?

Yes (Go to 19a)

No, I do not identify with any other underrepresented group(s) (Go to 20)

19a) I identify with the other following underrepresented group(s):

20) Within which of the following ranges is your age?

18-24

25-34

35-44

45-54

55-64

65+

21) What is your gender?

22) In which branch of military service did you (or the Veteran you help care for) serve?

Army

Navy

Air Force

Marines

Coast Guard

Other

23) Upon completion of service, which designation best captures your (or the Veteran you help care for) standing?

- Commissioned Officer
- Enlisted - Non-Commissioned Officer
- Enlisted - Non-NCO
- Not Sure/Don't Know

24) In which war/conflict did you (or the Veteran you help care for) serve? Check all that apply.

- World War I
- World War II
- Korea
- Vietnam
- Gulf War
- OIF/OEF (Iraq/Afghanistan)
- Served during peacetime
- Other

25) What were your (or the Veteran you help care for) total years of service (active and national guard/reserve time)?

VII. Computer Use and Access

The following ask about about your use of and access to a computer, including various tasks associated with the use of a computer. Your responses will help us determine the best way to carry out activities within the group. Responses are for planning purposes only and will not determine the selection of applicants.

26) Do you have a computer?

- Yes
- No

27) Do you have access to the Internet?

- Yes
- No

28) For the following statements, please select the button that corresponds with how easily you can perform the task.

I can:

	Never tried	Not at all	Not very easily	Somewhat easily	Very easily
a. Open e-mail messages					
b. Send e-mail messages					
c. Send the same e-mail to multiple people at the same time					
d. View documents sent by e-mail					
e. Send documents by e-mail					
f. Make changes to documents on a computer					
g. Go to Internet links sent by e-mail					

Comments:

Thank you for completing this application! Please return application to:

**Durham VA Medical Center
Health Services Research & Development (152)
Attn: Brandolyn White
508 Fulton St.
Durham, NC 27705**

Applications will be accepted on a continuous basis. If you have any questions or need help completing this application, please contact Brandolyn at 1-888-878-6890, Extension 4062.