

# Veterans Coalition Application

Thank you for your interest in joining the City of El Cajon's Veterans Coalition. Your desire to serve your community is greatly appreciated. Veterans Coalition members will take an active role in advising City of El Cajon staff on issues related to veterans and their dependents, as well as other topics such as the Veterans Memorial and organizing and selecting the City of El Cajon Veteran of the Year. Members will serve a one-year term once appointed to the Veterans Coalition. Responsibilities will include attendance at quarterly Coalition meetings, with occasional opportunities to participate in local events and meetings. Your valuable input will help ensure the City of El Cajon can provide the best possible services to veterans and their dependents.

If you have any questions regarding the application process, please contact Adam Tronerud at (619) 441-1750 or [atronerud@elcajon.gov](mailto:atronerud@elcajon.gov)

Name:

To qualify for the El Cajon Veterans Coalition, applicants must meet one of the following qualifications (check any boxes that apply):

- A resident of the City of El Cajon and an active US military service member

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- A resident of the City of El Cajon and an active US military service reservist

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- A resident of the City of El Cajon, honorably discharged from the U.S. Armed Forces\*, and an active member of a 501(c)(19) veterans' organization based within the City of El Cajon

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- A non-resident, honorably discharged from the U.S. Armed Forces\*, and an active member of a 501(c)(19) veterans' organization based within the City of El Cajon

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- A resident of the City of El Cajon, honorably discharged from the U.S. Armed Forces\*, but not an active member of a 501(c)(19) veterans' organization based within the City of El Cajon

\*Applicants honorably discharged from the U.S. Armed Forces must submit a copy of Form DD 214, or other proof of honorable discharge, with the application form.

Please redact social security number from DD 214 copy.

# Veterans Coalition Application

Name:

Are you a resident of the City of El Cajon?

Yes

No

How long have you lived in El Cajon?

San Diego County?

Are you available for meetings in the:

Mornings

Afternoons

Evenings

(check any that apply)

Why would you like to be a member of the Veterans Coalition?

Have you ever been or are you now a member of a governmental board, commission, or committee?

Yes

No

If yes, please list:

Are you related to any employees of the City of El Cajon? If yes, indicate name and relationship.

Yes

No

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Name:

List any education, training, or special qualifications which might be relevant to this position:

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Check this box if you intend to provide a letter from a 501(c)(19) Veterans Organization indicating active member status.

## Veterans Organization Information

List all Veterans' Organizations you are an active member of and their Post/Branch number:

1.

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2.

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3.

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4.

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5.

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Name:

List any additional service, employment history, community organizations, or volunteer work that might be relevant to this position:

**IF YOU CHOOSE TO PROVIDE ADDITIONAL INFORMATION, PLEASE ATTACH  
ADDITIONAL PAGES TO THIS APPLICATION**

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By checking this box and typing my name above, I am electronically signing my application

**APPLICATION DEADLINE IS FEBRUARY 9, 2024**

You can submit applications by mail, in person, or via email [atronerud@elcajon.gov](mailto:atronerud@elcajon.gov)

Mail to: Adam Tronerud, 200 Civic Center Way, El Cajon CA 92020

Applications will be accepted in-person at the customer service counter on the first floor of City Hall, at the address listed above