



Application for Hope Squad

Name:

Position/Location:

Email address:

Contact phone#:

Home Address:

Are you a Veteran? Yes _____ No _____ VA Employee? Yes _____ No _____

Request to participate as a:

Hope Squad Member _____ Hope Squad Advisor _____

I would like to participate with Cincinnati VA Hope Squad because:

I would be an excellent selection for the Cincinnati VA Hope Squad because:

By signing below, I agree that I am willing to attend monthly training related to suicide prevention and how to support a veteran who may be struggling with suicidal thoughts. I am willing to maintain the Hope Squad advisor-member partnership and regular connection to Cincinnati VA Medical Center. I agree to maintain confidentiality of interactions I have with veterans in my role as a Hope Squad member/advisor.

Signature

Date