

VC “Focus Now” Community Engagement Groups



Facilitators Sign-Up

Name/Affiliation	Date
_____	_____
_____	_____
_____	_____
_____	_____

Stakeholders Sign-Up

Party/Event Supervisors

Stakeholders Info	Contact No.	E-mail	Organization Name	Signature
_____	Contact No.1	E-mail address 1	_____	_____
_____	Contact No.2	E-mail address 2	_____	_____
_____	Contact No.3	E-mail address 3	_____	_____
_____	Contact No.4	E-mail address 4	_____	_____
_____	Contact No.5	E-mail address 5	_____	_____

Volunteers

Volunteer Sign-Up

Volunteers Name	Contact No.	Responsibility	Signature
_____	Contact No.1	_____	_____
_____	Contact No.2	_____	_____
_____	Contact No.3	_____	_____
_____	Contact No.4	_____	_____
_____	Contact No.5	_____	_____

Veteran' s Family Member Sign-Up

Family Members Name	Contact No.	Relationship	Signature
_____	Contact No.1	_____	_____
_____	Contact No.2	_____	_____
_____	Contact No.3	_____	_____
_____	Contact No.4	_____	_____
_____	Contact No.5	_____	_____

VETERAN

Veteran' s Name	Contact No.	Branch of Service	Signature
_____	Contact No.1	_____	_____
_____	Contact No.2	_____	_____
_____	Contact No.3	_____	_____
_____	Contact No.4	_____	_____
_____	Contact No.5	_____	_____

Additional Participants

Participants	Contact No.	Area of Interest	Signature
_____	Contact No.1	_____	_____
_____	Contact No.2	_____	_____
_____	Contact No.3	_____	_____
_____	Contact No.4	_____	_____
_____	Contact No.5	_____	_____