



# Sons of AMVETS

Department of Florida

## Veterans Scooter Program Application Form



The Sons of AMVETS Department of Florida is committed to assisting our nation's veterans through our Veterans Scooter Program. All requests for assistance will be reviewed by the Sons of AMVETS Department of Florida Executive Board.

Please provide the information below and forward your request to the SOA Department of Florida Commander (address below).

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (scooter models vary according to an individuals size)

Veterans Service Organization Member (AMVETS, VFW, American Legion)? \_\_\_\_\_ Post# \_\_\_\_\_

Branch of service: \_\_\_\_\_ What years did you serve? \_\_\_\_\_

Briefly describe your duties, stations of service and any awards received:

Briefly state why you are requesting a scooter:

\_\_\_\_\_  
Signature

The Sons of AMVETS Department of Florida is not liable for or responsible for the maintenance/ repair of the scooter or for any property damage or bodily injury resulting from the operation of this scooter. Your signature above acknowledges your agreement with the above liability statement.

Please send this completed form to:

Commander Mick Ciesla  
11703A Raintree Village Blvd.

Temple Terrace, FL 33617

Cell: 813-445-0253