



Native American Women Warriors

Membership Form and Enrollment Questionnaire

Name _____ Age _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Marital Status: _____ Single _____ Married _____ Divorced

Children/Ages _____

Tribal Affiliation _____ Enrolled Member _____ Yes _____ No

Current Employment _____ Full time _____ Part Time _____ Seasonal _____ Unemployed

What industry? _____

If unemployed, how long have you been unemployed? _____

Education: _____ less than High School _____ High School Grad _____ Some College

_____ Technical Certificate _____ Bachelor's Degree _____ Graduate Degree

Branch of Service: _____ Army _____ Reserves _____ Enlisted

Highest Rank: _____ Discharge Date: _____ 2011 _____

Deployed overseas? _____ Yes _____ No Number of tours? _____

Tour Dates/Locations: _____

Served in combat _____Yes ___ _No Injured _____Yes _____No

Lost members of unit? _____Yes ___ _No

What issues/challenges have you struggled with since discharge? _____

What government/military sponsored services/programs have you accessed to address these issues/challenges? _____

Have they been helpful? _____Yes _____No

Please explain: _____

Were the programs you accessed culturally relevant for you? _____Yes ___ No

Are you currently receiving government/military services? _____Yes ___ No

Which ones: _____

Do you have adequate information about your post-military benefits? _____Yes ___ _No

What benefits would you like to better understand? _____

Are you aware of other Native American women veterans living close to you? ___ _Yes _____No

How did you hear about NAWW? _____

Please tell us your reasons for joining the NAWW:

What specific opportunities/services are you hoping will be available through NAWW:
