

# VETERAN FREEDOM SIGN INPUT FORM

*Instructions: Please enter personal and military information in the space provided. This form is intended to be used to populate a database that will be used to display and honor Kankakee area Veterans and those currently serving, along with his/her accomplishments. After completion, mail or fax as informed below.*

## Personal Information:

Veteran Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Cell Phone Number: _____ E-Mail Address: _____	Requestor Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Cell Phone Number: _____ E-Mail Address: _____
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## Military Information:

<b>Branch of Service:</b> <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Other	<b>Years on Active:</b> From: _____ To: _____	<b>Years in Reserve:</b> From: _____ To: _____
<b>Units Served With:</b>		
<b>Total Years Service:</b>	<b>Rank:</b>	<b>MOS (Military Job Title):</b>
<b>Awards &amp; Decorations:</b> <input type="checkbox"/> Congressional Medal of Honor <input type="checkbox"/> Distinguished Service Cross <input type="checkbox"/> Silver Star <input type="checkbox"/> Bronze Star <input type="checkbox"/> Purple Heart <input type="checkbox"/> Distinguished Flying Cross <input type="checkbox"/> Air Medal <input type="checkbox"/> Pilot Wings <input type="checkbox"/> Jump Wings <input type="checkbox"/> Combat Infantry Badge <input type="checkbox"/> Submarine Dolphins <input type="checkbox"/> Crewman Wings <input type="checkbox"/> Others:		
<b>Campaigns:</b> <input type="checkbox"/> WWI <input type="checkbox"/> WWII—Which Theater: <input type="checkbox"/> Europe, <input type="checkbox"/> South Pacific <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Desert Storm <input type="checkbox"/> Iraqi Freedom <input type="checkbox"/> Others:		
<b>Special Schools:</b> <input type="checkbox"/> Airborne <input type="checkbox"/> Ranger <input type="checkbox"/> Special Forces <input type="checkbox"/> Navy Seal <input type="checkbox"/> Flight School <input type="checkbox"/> Submarine School <input type="checkbox"/> Others:		
<b>Officer Training:</b> <input type="checkbox"/> Service Academy: Which one? _____ <input type="checkbox"/> ROTC: Which University? _____ <input type="checkbox"/> OCS: Which Branch? _____ <input type="checkbox"/> Field Commission: Which Branch? _____ <input type="checkbox"/> Other:		
<b>Enlisted Training:</b> <input type="checkbox"/> Basic Training: Where? _____ <input type="checkbox"/> NCO School: Where? _____ <input type="checkbox"/> Senior NCO School: Where? _____ <input type="checkbox"/> Others:		
<input type="checkbox"/> Missing in Action	<input type="checkbox"/> Killed in Action	<input type="checkbox"/> Prisoner of War
<b>Notable Military Accomplishments:</b>		
<b>Local Schools Attended:</b>		

Please return by regular mail to:      Accounting Department—Freedom Sign  
 Olivet Nazarene University  
 615 S. Main, Bourbonnais, Illinois, 60914-1922

Or by fax to:    Attn: Bruce Greenlee (815) 937-3467