

DEPARTMENT OF VETERANS AFFAIRS

James A. Haley Veterans' Hospital 13000 Bruce B. Downs Blvd Tampa, FL 33612

July 1, 2017

In Reply Refer To: 673/151R

Are you or do you know a Veteran or a family member or caregiver of a Veteran who has:

- Good communication skills
- The ability to use his/her own experiences constructively
- Received rehabilitation care at the VA (or a family member of someone who has received care at the VA)
- The ability to see beyond his/her own personal experiences
- A desire to bring meaningful change

We are actively seeking Veteran and family volunteers for our Veteran Engagement Council. Members will help us:

- Bring Veteran voices into VA research
- Increase the uptake of research into practice
- Build Veteran support for research

The council term will last two years and members will be asked to attend meetings once per month for two-hours. We are looking for a diverse membership with members varying in age, gender, race, branch(es) of service, and service era.

If you'd like more information, call:

Sandra Winkler at 813-558-3949 or Kiersten Downs at 813-476-2153

If you are interested, please complete the attached information sheet and return to Sandra Winkler:

Scan and email: Sandra.Winkler@va.gov

Fax: 813-341-8858 Mail: CINDRR/JAHVH

attn: Sandra Winkler (673/151R)

8900 Grand Oak Circle Tampa, FL 33637-1022

Sincerely,

Sandra L Winkler, PhD, OTR/L Research Health Science Specialist Center of Innovation on Disability and Rehabilitation Research

James A. Haley Veterans' Hospital

Veteran Engagement Council Information Sheet

Name:						
Phone:		Email:		@		
Race/Ethnicity:	Gender:					
Veteran (circle): Y	N	Fam	nily member	(circle): Y	N	
Family member rela	tionship to \	Veteran (if applic	able):			
I (or family member)	have recei	ved VA rehabilita	ation care (c	ircle): Y	N Location of	/A:
Description of rehab	ilitation ser	vice(s) utilized:				
Branch(es) of Service	ce (circle):	Army Navy	Marines	Air Force	Coast Guard	National Guard
War or Conflict(s) se	erved:					
Tell us about yoursel	f (describe brie	efly e.g. career/profe	ssion/volunteer	r work/hobbies/r	personal interests u	se a senarate page if
needed)	. (400050 50	my, org. carcomprore		11011(11022100)	oroonar miorooto, a	oo a coparato pago ii
Civen the number	of this same	moittee why ene	intaraa	tadia nautia	in ation of	
Given the purpose	or this com	miliee, why are	you interes	ited in partic	ipating?	
Signature				Date		

Contact Sandra Winkler for questions at 813-558-3949. Please return information sheet to:

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