

Veterans Treatment Court Mentor Application

Date: _____

Last Name: _____ First Name: _____

Address: _____

Email: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Branch of Military Service: _____

Length of Service: _____ Type of Discharge: _____

Current Employer (NA if unemployed/retired): _____

Position: _____

Please circle the days you are available to mentor: M T W TH F

Time available: _____

Do you speak a language(s) other than English? Yes No

If yes, list languages: _____

Have you previously served as a mentor? Yes No

If yes, in what capacity and where? _____

Are you willing to submit to a background investigation? Yes No

Are you willing to submit to a drug and alcohol test? Yes No

How did you learn about the Mentor Program?

What does being a mentor mean to you?

What skills and experiences do you bring to the mentoring program that will be helpful to the veterans in the program and the other mentors?

What are you hoping to take away from volunteering with the Veterans Treatment Court mentoring program?

**Mentors will be expected to participate in Court observations, attend ongoing training and be supervised by a mentor coordinator.