

Veterans Court
Mentoring Program Application Form

Date: _____

Last Name: _____ First Name: _____

Address: _____ City, State: _____

Email Addresses: _____

Phones: H _____ W _____ C _____

Branch of Service: _____ Length of Service: _____

Type of Discharge: _____ Military Speciality/MOS: _____

Current Civilian Occupation: _____

Are you available to meet all or any of the scheduled court dates and times: Yes or No

What does being a "mentor" mean to you?

What motivated you to participate in the Veterans Court Mentoring Program?

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

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

Do you agree to provide a DD214 (or other discharge document, NGB22) to the Mentor Coordinator and agree to a police records check? Yes or No