



Volunteer Mentor Application

Applicant Information

Full name Last First M.I. Date
Address Street Address Apt/Unit # Phone
City State Zip Code Email

Date Available Social Security Number

Preferred Contact Method

How did you heard about being a mentor?

Military Service

Branch From To
Rank at discharge Type of discharge
Military Occupations(s)
Type of Service Duty Stations _____
Deployments and/or Operations

Education

High School _ Address
From To Did you graduate? Yes No Diploma
College Address _____
From To Did you graduate? Yes No Diploma
Other _ Address
From To Did you graduate? Yes No Diploma

Character References

Full name _____ Relationship _____

Company _____ Phone _____

Address _____ Email _____

Full name _____ Relationship _____

Company _____ Phone _____

Address _____ Email _____

Full name _____ Relationship _____

Company _____ Phone _____

Address _____ Email _____

Previous Employment

Company _____

Job title _____ From _____ To _____

Responsibilities _____

Company _____

Job title _____ From _____ To _____

Responsibilities _____

Company _____

Job title _____ From _____ To _____

Responsibilities _____

Availability

Sunday _____ Monday am pm
Tuesday am pm Wednesday am pm
Thursday am pm Friday am pm Saturday am pm

(Optional) For Purposes of Matching Mentors and Mentees with similar backgrounds and interests

Do you speak any languages other than English? Yes No

Languages and proficiency _____

Are you a member of any social community, or professional organizations? Yes No

Please list _____

Do you participate in any hobbies, sports, or other organized activities? Yes No

Please list _____

Why would you like to be a mentor with the Veterans Treatment Court?

Are you willing to complete a background check? Yes No

If No, explain _____

Are you currently recovering from substance use or gambling addiction? Yes No

If Yes, explain _____

Have you ever been convicted of a felony or misdemeanor criminal offense? Yes No

If Yes, explain _____

Are you available to attend court on Wednesday from 12-2pm? Yes No

If No, explain _____

Are you interested in serving on the Veterans Treatment Court Philanthropy Steering Committee or Board?

Yes No If Yes, explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this application or my interview could lead to my dismissal from the Veterans Court Mentorship Program.

Signature _____ Date _____

Completed form can be submitted by email to:

DC-VeteransCourt@dgcoks.gov