

IDAHO

Clearwater County - Idaho County - Latah County - Lewis County - Nez Perce County

Second Judicial District Court



Veterans Treatment Court Peer Mentor Application

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Physical Address: _____

Mailing Address (if different): _____

Email Address: _____

Home Phone #: _____ Mobile #: _____

Work Phone #: _____ Other Contact #: _____

Branch of Service: _____ Length of Service From: m _____ y _____ To: m _____ y _____

Type of Discharge: _____ Field of Service: _____

(A Veteran can obtain a copy of their DD214 online by signing up for www.ebenefits.va.gov then go to documents and request a copy.)

Driver's License: State _____ # _____

Current Occupation: _____ Employer: _____

Please Circle those days available to mentor: M T W T F S Time Available: _____

Please list any languages other than English: _____

Have you previously served as a VTC Mentor: _____ If so, where? _____

Are you currently on probation, parole or under investigation for criminal prosecution? _____

Are you willing to submit to a Criminal Background Investigation? Yes No

How did you learn about the Mentor Program? _____

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

What motivated you to want to participate in the Veterans Treatment Court Peer Mentor Program? _____

Mentors will be expected to participate in court observation, attend ongoing training and be supervised by a mentor coordinator.

Applicant's Signature: _____

Please include a copy of your DD214 (discharge document), with your application.

Please return to: **Veteran Mentors Group**
P.O. Box 51
Lewiston, ID 83501

Or Phone: (208)305-5028 or (208)790-1748