



## BACKGROUND CHECK AUTHORIZATION

Please read this form carefully and sign in the space provided below. Your written authorization is required for the completion of the application process to serve as a **Peer Mentor**.

I hereby authorize the **Idaho 2<sup>nd</sup> Judicial District Veterans Treatment Court** and the Department of Veterans Affairs to investigate my background for the purpose of evaluating my qualifications for the volunteer position of Peer Mentor for the court. I hereby consent to a criminal background check and release of any information and/or records held by any public agency, branch of the military, law enforcement office, business, employer or other institution for the purpose of evaluating my character and fitness for this volunteer position. I understand that I may withhold my consent and that in such case, the application process is terminated and an investigation will not take place.

\_\_\_\_\_ Date \_\_\_\_\_

(Please Print Full Name)

D.O.B. m \_\_\_ d \_\_\_ y \_\_\_ SSAN \_\_\_ - \_\_\_ - \_\_\_

States of previous residence: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

(Please return to)

**Veteran Mentors Group**  
**P.O. Box 51**  
**Lewiston, ID 83501**

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

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