

Santa Rosa County Veterans Court Mentor Application

Date: _____

Last Name: _____ First Name: _____

Address: _____

E-Mail: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Branch of Military Service: _____ Dates of Service: _____

Are you a combat veteran? Yes No

If yes, location of conflict(s) _____

Type of Discharge: _____

Employer: _____ Position: _____

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

Times Available: _____

Do you speak a language 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

How did you learn about the mentor program? _____

What does being a "mentor" mean to you? _____

What motivated you to want to participate in the mentor program? _____

What skills and experience do you bring to the mentoring program that will be helpful to the veteran participants 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 observation, attend ongoing training and be supervised by the Veterans Court Coordinator. Please return your completed application along with a copy of your **DD214** and **two non-relative references** to Carol Henry at Carol.Henry@flcourts1.gov. THANK YOU!

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