

Veterans Treatment Court Mentor List:

Mentor Application

For

Veteran Treatment Court

NAME: _____

ADDRESS: _____

TELEPHONE (HOME): _____

(CELL): _____

MILITARY SERVICE

BRANCH: _____

**TOUR OF
DUTY:** _____

**RANK AT TIME OF
SEPERATION:** _____

ACTIVE DUTY: (Y)_____ **(N)**_____

COMBAT RELATED SERVICE:

COUNTRY: _____

OF TOUR: _____

COUNTRY: _____

LENGTH OF TOUR: _____

NUMBER OF COMBAT TOURS: _____

Please use the next page to tell us about yourself, your life experiences, and why you would like to be involved in this program.

If you have been convicted of a crime, please list the offense, and the date of conviction. Personal history and comments.

