

# Carbon County Veterans Treatment Court Mentor Application

## I. Personal Information

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
(Please Print)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## II. Military

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Served in Hostile Fire/Imminent Danger Area (Combat Zone): \_\_\_Yes\_\_\_No

If yes, where: \_\_\_\_\_, when: \_\_\_\_\_

Do you currently possess a DD-214 Form? \_\_\_Yes\_\_\_NO(If yes, please provide a copy)

*\*If no, please see the Carbon County Veterans Affairs Director to learn how you can obtain a copy (570)325-3460*

## III. Education

Name of School:

Degree Earned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Medical Issues**

Are you currently receiving or ever received mental health services or treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Are you currently or ever been treated for any physical disabilities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**V. Drug and Alcohol Issues**

Do you currently or have you ever used drugs or alcohol where it has caused legal, personal, or employment problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**VI. Employment**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where: \_\_\_\_\_

Position: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Are you able to attend Court on Wednesdays @9:00am at least once per month?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**VII. Criminal History**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

What State or County? \_\_\_\_\_

If yes, please describe the type of charge(s): \_\_\_\_\_

Do you have criminal charges pending? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have an attorney? \_\_\_\_\_Yes \_\_\_\_\_No

Are you presently on probation or parole? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, what county or state: \_\_\_\_\_

**VIII. Reason for Application**

What does being a “mentor” mean to you?

---

---

---

---

Why do you want to become a Mentor?

---

---

---

What makes you the best candidate to become a Mentor?

---

---

---

What do you plan to take away from volunteering with the VTC Mentoring Program?

---

---

---

Any type of volunteer work: \_\_\_\_\_Yes \_\_\_\_\_No

If yes, explain: \_\_\_\_\_

---

---

Are you a member of any veteran's organization (e.g. VFW, DAV, American Legion, etc.)? \_\_\_\_\_Yes \_\_\_\_\_No Which Posts?\_\_\_\_\_

List any Hobbies you may have:

---

---

---

Please List 3 References along with their phone numbers:

---

---

---

---

---

---

---

**DATE**

---

**SIGNATURE**

For more information or to submit an application, please contact:

Christine LeClair

Carbon County Veterans Affairs Director/

Carbon County Veterans Treatment Court Mentor Coordinator

Carbon County Courthouse Annex

Jim Thorpe, PA 18229

(570)325-3986

Fax: (570)325-5097

Email: cleclair@carboncounty.net

Confidentiality:

The information contained in this document is only for the use of the Veteran's Court staff to evaluate, interview and select mentors for its program. All information contained herein is confidential. If the mentor applicant withdraws his or her application in writing or the mentor applicant is not accepted into the Veteran's Court Mentor Program, this application will be immediately destroyed.