

**PLEASE RETURN COMPLETED FORM TO:**  
**VETERANS' MENTOR PROGRAM**  
**455 W. HAMILTON STREET, SUITE 307, ALLENTOWN, PA 18101**

**VETERANS' MENTOR APPLICATION FORM**  
**( V.M.A.F.)**

**I Personal Data**

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

(Please Print)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: (please circle): Male Female

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

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**II Military Record**

Branch of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Serve in a Combat Zone? \_\_\_\_ Yes \_\_\_\_ No, If yes, where: \_\_\_\_\_

Do you currently possess a DD-214 Form? \_\_\_\_ Yes \_\_\_\_ No (If Yes, please provide a copy.)

**III Education (List highest level first)**

Name of School


**IV Persons Living in Household**

First and Last Name

Age

Relationship


**V Agency Involvement** (list only facilities, rehabilitation programs, social service

Agencies where you previously have or are receiving services)

Name of Agency

Type of Service


## VI Medications

Are you taking medications? \_\_\_\_ Yes (please list) \_\_\_\_ No

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## VII Medical Issues

Are you presently being treated or have you ever been diagnosed for any mental health issues?  
\_\_\_\_ Yes \_\_\_\_ No

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

Are you presently being treated for any physical conditions or physical disabilities?

\_\_\_\_ Yes \_\_\_\_ No If yes, please describe: \_\_\_\_\_

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## VIII Drug and Alcohol Issues

Do you now or have you ever used drugs or alcohol to the extent that it caused legal, personal or employment problems? \_\_\_\_ Yes \_\_\_\_ No. If yes, please describe: \_\_\_\_\_

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## IX Transportation

Do you have a car? \_\_\_\_ Yes \_\_\_\_ No

Do you have a driver's license? \_\_\_\_ Yes \_\_\_\_ No

Do you have other transportation available? \_\_\_\_ Yes \_\_\_\_ No

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

## X Employment

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

If yes: Name of Employer: \_\_\_\_\_

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

## XI Criminal History

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

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

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Do you have criminal charges pending? \_\_\_\_ Yes \_\_\_\_ No

Do you have an attorney? \_\_\_\_ Yes \_\_\_\_ No

If yes: name of your attorney \_\_\_\_\_

Are you presently on probation or parole? \_\_\_\_ Yes \_\_\_\_ No

If yes, what County and State? \_\_\_\_\_

Name of Probation or Parole Officer: \_\_\_\_\_

Are you presently incarcerated? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

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## XII Reason for Application

Please briefly describe the reason you are interested in the Veterans' Mentor Program:

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**Be advised this is a voluntary program for individuals facing criminal charges.  
Before submitting this form, you may wish to consult with an attorney.**

I certify that this document has been completed freely and voluntarily and that the information given above is accurate and complete to the best of my knowledge. **I understand that the information provided by me shall only be utilized in evaluating and assisting me in the Veterans' Mentor Program.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_