

Lehigh County
Veterans' Mentor Program
Volunteer Mentor Application

Duties and responsibilities

- A peer mentor must be an honorably discharged United States Military Veteran (Army, Marine Corp., Navy, Air Force, Coast Guard, Reserve or National Guard)
- Adhere to all Lehigh County Veterans' Mentor Program policies and procedures
- Be familiar with Veterans Affairs Services and Veterans Community Resources or be willing to learn about services and resources
- Act as an ally, advocate and role model for a veteran involved in the criminal justice system
- Be willing to attend court sessions if needed

Application

Full Name: _____ Date of Birth: _____

Place of Birth: _____ Current Address: _____

_____ Phone(s): _____

Email address: _____

Social Security Number: _____ (Necessary for background check by County Detectives)

Driver's License Number: _____

Are you: (please check one) Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed ☐

Wife's name, if married or separated: _____

Do you have any children? If so, please provide first names: _____

Current employment, if any, and employer: _____

Summary of past employment: _____

Hometown and high school you attended: _____

Branch of military in which you served: _____

Date(s) served: _____ Type of Discharge: _____

Are you Active ☐ Reserve ☐ National Guard ☐? (Please check all that apply)

Retired Military? (Y/N) ☐

Please state your rank: _____

List any combat theater service you have and dates: _____

Volunteer experience, if any: _____

Other relevant experiences and/or education and training: _____

Hobbies: _____

Why do you want to be a mentor? _____

Why do you think you would be a good mentor? _____

Have you ever been involved as a defendant in a criminal matter? If so, list all offenses with which you were charged, excluding summary traffic offenses, and the outcome of those charges. (This information will be kept confidential. It is recognized that personal experience in the criminal justice system can actually help a mentor relate better to a veteran facing court proceedings.)

Have you ever been a victim of a crime? If yes, please explain the crime _____

Do you have a history of engaging in addictive behaviors, including but not limited to, use of illegal drugs and/or abusing alcohol or prescription drugs? If your answer is yes, please describe, and indicate the date since you have been clean or have engaged in addictive behavior. (This information will be kept confidential. It is recognized that past history may help a mentor relate better to a veteran involved in the criminal justice system.)

Please provide any additional information you feel should be considered in your application

Please list three references, who are not relatives, and their contact information

Volunteer mentors are expected to participate in training, observation, shadowing and supervision as part of their participation in the Lehigh County Veterans' Mentor Program. The

Mentor Program would like to have a commitment of at least one year, if possible, from all volunteers.

By signing below I give permission to the Lehigh County Veterans' Mentor Program to conduct an investigation and contact anyone it deems appropriate to verify the accuracy of the information contained in this application, or otherwise determine my suitability to serve as a volunteer. I voluntarily and knowingly waive all liability against all persons providing and obtaining information for the Veterans' Mentor Program concerning my application. By signing below I also understand that this application does not create a contract or employment relationship, nor am I guaranteed to be selected as a volunteer mentor. I understand that any intentional omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service.

Signature _____ Date _____

Applications and a copy of your DD 214 may be returned by fax or U.S. Mail to:

Megan Wieand
Office of the Lehigh County District Attorney
Lehigh County Courthouse
455 W. Hamilton St.
Allentown, PA 18101
(610) 782-3230
FAX: (610) 820-3323 meganwieand@lehighcounty.org