

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 (Please Print)

Name: First _____ M.I. _____ Last _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Place of Birth: _____

Gender: (please circle): Male Female

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax Number: _____ E-Mail: _____

Home Address: _____

Mailing Address (if different from above): _____

Are you: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Wife's name, if married or separated: _____

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

Emergency Contact: Name _____ Relationship _____

Phone Number _____

II Military Record

Branch of Service: _____ Date of Entry: _____ Separation Date: _____

Type of Discharge: _____ If not "Honorable", please explain: _____

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

Retired Military? (Y/N) _____

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

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: _____

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: _____

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): _____

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? _____

XII Reason for Application

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

**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: _____