

**PLEASE RETURN COMPLETED FORM TO:**

VETERANS' MENTORING PROGRAM  
455 W. HAMILTON STREET, ROOM 307, ALLENTOWN, PA 18101

**VETERANS' MENTORING PROGRAM  
MENTEE APPLICATION**

**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: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_

Are you: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed  
Spouse/Partner'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: \_\_\_\_\_ Date of Separation: \_\_\_\_\_  
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 \_\_\_\_\_ 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? \_\_\_\_\_

**XII Reason for Application**

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

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**Please note 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' Mentoring Program.**

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

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