

# Lehigh County Veterans' Mentoring 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' Mentoring 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: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Necessary for background check)

Driver's License Number: \_\_\_\_\_

Are you: \_\_\_ Married\_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed?

Spouse/Partner's name, if married or separated \_\_\_\_\_

Do you have any children? Names: \_\_\_\_\_

Current employment and employer: \_\_\_\_\_

Summary of employment: \_\_\_\_\_

Education (List highest level first.)

Name of School and Degree Earned, if applicable

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Branch(es) 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) \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

List any combat theater service 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' Mentoring Program. The Mentoring 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' Mentoring 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' Mentoring 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