



## VETERANS TREATMENT COURT MENTOR APPLICATION

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In 2008, Judge Robert Russell, presiding Judge of the Buffalo Drug and Mental Health Court, created the Nation's first Veterans Treatment Court in response to the growing number of veterans appearing on his dockets who were addicted to drugs or alcohol and suffering from mental illness. Veterans Treatment Courts have been rapidly growing nationwide since.

One of the things unique about Veterans Treatment Courts is the use of Volunteer Veteran Mentors to assist veterans who have made some mistakes and are trying to get back on their feet and reintegrate into society. Without these volunteers, the Court would be missing a very meaningful component of the program and its success would likely diminish. Thank you for your interest in the Veterans Treatment Court Program.

By completing and returning the Volunteer Veteran Mentor Application you will be a candidate for consideration as a volunteer. With your support, these programs will continue to grow and be a success.

Thank you for your service and thank you again for your interest in and support of the 21<sup>st</sup> Judicial District Court System.



# VOLUNTEER VETERAN MENTOR APPLICATION

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Current Occupation: \_\_\_\_\_

Branch of the military in which you served: \_\_\_\_\_

Years of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you a Combat Veteran?  YES  NO If YES, which conflict: \_\_\_\_\_

Are you a Disabled Veteran?  YES  NO Are you a member of any Veterans Service Organization?  YES  NO

If YES, which organization? \_\_\_\_\_

Are you willing to go through the training to become a Mentor?  YES  NO

What does being a Veterans Mentor mean to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and experiences do you bring to the mentoring program that will be helpful to you, the other mentors, or the Veterans in the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you hoping to take away from volunteering with the Veterans Treatment Court Mentoring Program?

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\_\_\_\_\_  
\_\_\_\_\_

Anything else you would like us to know?

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**★ MENTORS MUST HAVE AN HONORABLE DISCHARGE AND SUBMIT TO A VETTING PROCESS ★**

**BACKGROUND INFORMATION:**

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?  YES  NO

If YES, what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

2. HAVE YOU EVER PLED NOLO CONTENDRERE (NO CONTEST) OR GUILTY TO A CRIME THAT IS A FELONY OR A MISDEMEANOR?  YES  NO

If YES, what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date: \_\_\_\_\_

**Please email a copy of your DD214 to [veterans@21stjdc.org](mailto:veterans@21stjdc.org) after submitting your application.**

**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for volunteering consideration and, if I am approved, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of the Louisiana state government for volunteer purposes. This consent shall continue to be effective during my volunteer date if I am approved. I understand that applications submitted for volunteers are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date