Colorado VETERANS’ Treatment Court Peer Mentor Application

(Please Print Clearly)

Personal Information

First Name: Last Name:

home address: City: State/Zip:

Date of Birth: Gender: Phone:

Email Address:

Emergency Contact Name & Phone Number:

Current Occupation:

Employed Full-time: Employed Part-time: Retired: Student:

Unemployed: # Hours Worked in a Typical Week

Judicial District where you will volunteer: (check all that apply)

1st Judicial District (Jefferson, Gilpin Counties)

2nd Judicial District (Denver County)

4th Judicial District (El Paso, Teller Counties)

8th Judicial District (Larimer and Jackson Counties)

10th Judicial District (Pueblo County)

17th Judicial District (Adams, Broomfield Counties)

18th Judicial District (Arapahoe County)

23rd Judicial District (Douglas, Elbert, and Lincoln Counties)

Military Service

Branch of Service: Dates of Service:

Component:  Active  Reserves  Guard

Copy of DD214: Yes/No Rank: MOS/AFSC/NEC:

Type of Discharge:

 Honorable  General  Other than Honorable (OTH)  Bad Conduct  Dishonorable

IF OTH, Bad Conduct, or Dishonorable, please explain:

Did you Deploy to a combat zone? Yes/No

If Yes, List Deployments (Include location/dates/duration)

Criminal History

Do you consent to a criminal history check? yes no

If yes, please complete the release of information and submit to the mentor coordinator in your district

\*applications who are currently under supervision (probation or parole) are ineligible to volunteer with Colorado judicial

Volunteer Information

**How did you learn about the Peer Mentor Program?**

**What does being a Peer Mentor mean to you?**

**What skills and experiences do you bring to the Peer Mentor Program that will benefit the veteran and other mentors?**

References

Provide the Name, Phone Number, and email Address of two (2) non-family members who would be able to speak to your ability to perform as a volunteer peer mentor

**Name:**

**Phone Number:**

**Email Address:**

**Name:**

**Phone Number:**

**Email Address:**

Mentor Agreement

I, (full/legal name) attest that I am a veteran of one of the branches of the United States Armed Forces, including the Army, Marine Corps, Navy, Air Force, Coast Guard, or their corresponding Reserve and Guard components.

I, (Full/Legal Name) attest that I have not served in the United States Armed Forces but will serve as an Honorary Mentor for the VTC.

I, (full/legal name), understand that I will be expected to participate in observation opportunities, training, and supervision as a part of volunteering with the Volunteer Veteran Mentor Program in the Judicial District.

I agree to uphold the standards of the VTC and Volunteer Veteran Mentor Program. \_\_\_\_\_\_\_\_\_ (Please initial)

I understand that I will be expected to provide proof of having a current and legal driver’s license and copy of vehicle insurance, if I am to serve in a Volunteer Veteran Mentor position that may require that I transport a Veteran in my personally owned vehicle. \_\_\_\_\_\_\_\_\_ (Please initial.)

I agree to notify the peer mentor coordinator with as much advanced notice as possible regarding changes in my ability to volunteer. \_\_\_\_\_\_\_\_\_ (Please initial.)

I agree to adhere to the duties set forth in the Volunteer Veteran Mentor Program Orientation and the Volunteer Veteran Mentor Handbook. \_\_\_\_\_\_\_\_\_ (Please initial)

I agree to communicate with the veterans treatment court participant on a weekly basis (Please Initial)

I agree not to engage in any drug use, alcohol use, sexual activities, or any other unlawful activities with the veterans treatment court participant \_\_\_\_\_\_\_\_\_ (Please initial)

I agree to comply with the veterans treatment court mentor/mentee confidentiality policy

\_\_\_\_\_\_\_\_\_ (Please initial)

Please Print Name Clearly:

Volunteer Signature: Date:

Lead Peer Mentor Coordinator Signature: Date: