**Tennessee Judicial District**

**VETERANS** **TREATMENT COURT**



**“Leave no veteran behind”**

**Veteran Mentor Application**

**TN Judicial District Veterans Treatment Court Mentor Application**

# Personal Information

**Date:**

**Full Name:**

**Street Address:**  **City:**  **State:** TN **Zip:**

**Daytime Phone:**  **Evening Phone:**

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** **Phone:** \_

**Past Volunteer Experience** (include organization/agency, position, and supervisor phone/email)

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency / Organization**  | **Position/Responsibilities**  | **Dates**  | **Supervisor/Contact Info**  |
|   |  |   |   |
|   |  |   |  |

1. Why do you want to volunteer with Veterans Treatment Court?

1. How would you like to help Veterans Treatment Court?

1. What skills and experiences do you bring to the mentoring?
2. What are you hoping to take away from volunteering with the Veterans Treatment Court mentoring program?

**Please circle the days you are available to mentor: M T W TH F**

**Time Available:**

**Do you speak a language other than English? O Yes No**

**If yes, list languages:**

**Have you previously served as a mentor? Yes No**

**If yes, in what capacity and where?**

**Are you willing to submit to a background investigation? Yes No**

**Are you willing to submit to a drug and alcohol test? Yes No**

**References:** Provide the name and phone number or e-mail address of three non-family references.

 1.

2.

3.

# Military Experience

Branch of Service (check one): Army \_\_\_\_ Navy \_\_\_\_ Marines \_\_\_\_ Air Force \_\_\_\_ Coast Guard

\_\_\_\_ Reserve \_\_\_\_ Air National Guard \_\_\_\_ Army National Guard

Dates of Service: From: To:

Type of Discharge:

Have you served in a combat zone? Yes No

If yes, in what combat zone did you serve?

What was your job in the US Armed Forces?

What type of training did you receive in the Armed Forces?

 Criminal History

Have you ever been arrested and/or convicted of a crime? Yes No

Date: Charge:

Do you have any pending criminal charges? Yes No

If yes, what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email or send completed application to:**

**David Oppenheim**

**Eighth Judicial District VTC Mentor & Resource Coordinator**

900 East Hill Avenue, Suite 310

Knoxville, TN 37915

Office: 865-336-2624

Cell: 931-337-7159

doppenheim@twlakes.net

# Mentor Agreement

I, 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.

In order to be a mentor in a TN Judicial District Veterans Treatment Court, I agree:

1. To adhere to all of the TN Judicial District Veterans Treatment Court Program’s policies and procedures.

1. To commit to participation for a minimum of one (1) year or until the TN Judicial District VTC Veteran participant graduates.

1. To complete the required initial training as specified by the Court prior to participation in the TN Judicial District Veterans Treatment Court.

1. To participate in any additional training as required by the TN Judicial District Veterans Treatment Court.

1. To visit with the TN Judicial District Veterans Treatment Court Veteran participant for at least one hour each week.

1. Not to engage in any drug use, alcohol use, sexual activities or any other unlawful activities with the TN Judicial District Veterans Treatment Court Veteran participant.

1. To notify the Veterans Treatment Court Mentor and Resource Coordinator if the Veteran participant becomes suicidal, wants to harm others, or engages in unlawful activities.

 SIGNATURE DATE

 WITNESS DATE