

Erie County Veterans Treatment Court Mentor Application

I. Personal Information

Name: First _____ M.I. _____ Last _____
(Please print)

Home Address: _____

City/State/Zip: _____

Gender: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email Address: _____

II. Military

Branch of Service: _____ Years Served: _____

Type of Discharge: _____

Served in Hostile Fire/Imminent Danger Area (Combat Zone): ___ Yes ___ No

If yes, where: _____, when: _____

Do you currently possess a DD-214 Form? ___ Yes ___ No **(If yes, please provide a copy)**

**If no, please see the Erie County Veterans Affairs Coordinator to learn how you can obtain a copy (814-860-6265)*

III. Education

Name of School:

Degree Earned:

IV. Medical Issues

Are you currently receiving or ever received mental health services or treatment?
_____ Yes _____ No

If yes, please describe: _____

Are you currently or ever been treated for any physical disabilities?
_____ Yes _____ No

If yes, please describe: _____

V. Drug and Alcohol Issues

Do you currently or ever used drugs or alcohol where it has caused legal, personal, or
employment problems? _____ Yes _____ No

If yes, please describe: _____

VI. Employment

Are you currently employed? _____ Yes _____ No

If yes, where: _____

Position: _____

Work Hours: _____

Are you able to attend Court on Tuesdays at least once per month? _____ Yes _____ No

VII. Criminal History

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

What State or County? _____

If yes, please describe the type of charge(s): _____

Do you have criminal charges pending _____ Yes _____ No

Do you have an attorney? _____ Yes _____ No

Are you presently on probation or parole ? _____ Yes _____ No

If yes, what county or state: _____

VIII. Reason for Application

What does being a "mentor" mean to you?

Why do you want to become a Mentor?

What makes you the best candidate to become a Mentor?

What do you plan to take away from volunteering with the Veterans Court Mentoring Program?

Any type of volunteer work: Yes No

If yes, explain:

Are you a member of any veteran's organization (e.g. VFW, DAV, American Legion, etc.)?

_____ Yes _____ No Which Posts? _____

List any Hobbies you may have:

Please List 3 References along with their phone numbers:

For more information or to submit an application, please contact:

Karen Foust, Major USAF, Retired
Erie County Veterans Court
Mentor Coordinator
7091 Stoney Trace Lane
Erie, PA 16510
814-899-5357
klfoust@yahoo.com

Cherise Gibbs Pope
Veterans Affairs Coordinator
Erie County Courthouse
140 West Sixth Street, Room 101
Erie, PA 16501
814-451-6265
Fax: 814-451-7477

Erie County Council
Attn: Denee Breter
140 West Sixth Street
Erie, PA 16501
Fax: 814-451-6350

Confidentiality:

The information contained in this document is only for the use of the Veteran's Court staff to evaluate, interview and select mentors for its program. All information contained herein is confidential. If the mentor applicant withdraws his or her application in writing or the mentor applicant is not accepted into the Veteran's Court Mentor Program, this application will be immediately destroyed.