

# Veterans Court Mentor Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service Branch: \_\_\_\_\_ Service Dates: \_\_\_\_\_

Rank: \_\_\_\_\_ Combat/Support of Combat Operation: Yes \_\_\_ No \_\_\_

Disabled: Yes \_\_\_ No \_\_\_ Type of Discharge: \_\_\_\_\_

Area of Operation: \_\_\_\_\_

Number of Deployments: \_\_\_\_\_ Area of Deployment(s): \_\_\_\_\_

Last Duty Station: \_\_\_\_\_

Previous Units Assigned: \_\_\_\_\_

Job(s)/Position(s)/Career Field: \_\_\_\_\_

Achievements/Commendations: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Do you speak a language other than English? 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 \_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date